



Welcoming and Valuing International Medical Graduates

A guide to induction for IMGs
recruited to the NHS

Foreword

The NHS was, from its very inception, built on the hard work of its international workforce who have been central to its continued delivery to the current day. Today, over a third of the doctors registered in the UK gained their primary medical qualification overseas. We have long relied on their dedication, skills and expertise to provide high quality patient care. Their contribution and the diversity of experience they bring are invaluable to our service and patients.

We expect much of these doctors when they first come to the UK. They have to adjust to an entirely new workplace and healthcare system, and to absorb all this while accustoming to living in a new country. The fundamental values of medicine may be universal, but the way they are expressed will be different according to the social, cultural and organisational context in which care is delivered. It is therefore imperative that the right support is in place to enable them to successfully integrate as quickly as possible, both professionally and personally.

The NHS aspires to create a welcoming culture and a safe and inclusive environment that engenders a sense of belonging for new recruits into the NHS. This vision is supported in The NHS People Plan and The future of NHS human resources and organisational development report, which highlight actions necessary to support the health and care system to become more compassionate and inclusive. The GMC has long called for a standardised, supportive induction for doctors new to UK practice, with their own and independently commissioned research highlighting the need for enhanced induction for international doctors. We acknowledge our collective responsibility to provide tailored support, as do the medical royal colleges and specialist organisations that advise and support doctors. We are keen to work with all partners to help achieve this and welcome the approach set out here.

To date, the induction provided to overseas qualified doctors has been variable and there has been no standardised, comprehensive induction with continued support for doctors coming to work in England. This is vital to ensure that they can adapt to the NHS system and to living in England as quickly as possible to reach their full potential and deliver safe high quality care. We are delighted to launch this guidance to address the needs of these doctors and to ensure they are best equipped to have a successful career in the NHS, for their benefit and the benefit of patients.

This guidance on minimum standards for induction has been developed with the intention that it would improve the 'settling in' process for all international medical graduates (IMGs) coming to England.

We recognise that the induction is a beginning, albeit an important one and more needs to be done to provide ongoing support to IMGs. We will continue through our collaborations as partners and through conversations with the Government to ensure that the programme is implemented across all healthcare providers in the NHS, so that all IMGs are provided the foundation they rightly deserve.

We believe that the most effective care is given by well-supported health professionals. These doctors are part of our future and their contribution and diversity of experience are invaluable. It is incumbent on us all to support, value and nurture them. We hope that this guidance will not only lead to a much better experience for all IMGs, but also for their supervisors and colleagues and ultimately our patients.

Preface

In November 2018, a workshop was arranged to bring together senior stakeholders from the Medical Royal Colleges, NHS Trusts, the GMC and BMA and representatives of the medical leadership to explore their concerns regarding racism and discrimination in the NHS medical workforce and how these could be addressed. Several recommendations for action were agreed, and the need to develop a national induction programme for International Medical Graduates (IMGs) was highlighted as a particularly urgent priority.

IMGs have been recruited to work in the NHS throughout its 73 year history. Nevertheless, acknowledgement of the need for comprehensive induction to ensure that newly recruited doctors from overseas had a positive first experience of the NHS and life in the UK, has until now, been limited to papers published by the medical journals and national reports published by institutions such as the General Medical Council (GMC). The development of this induction programme guidance is therefore a landmark achievement.

The guidance would not have been possible but for the commitment, enthusiasm and tireless efforts of a large group of contributors made up of IMGs and others in senior leadership roles in NHS Trusts, Health Education England, British Medical Association (BMA), GMC and Medical Protection Society (MPS) united in their purpose to enhance the induction delivered to all IMGs in the future. This guidance is also notable in that it is based on what IMGs told us about their experience when they started working in the NHS and what would have made their experience better. Its overarching goal is to enable all IMGs who are recruited to work in the NHS, to settle in quickly to working in the NHS and to living in the UK, feel welcomed and integrated into their team, understand NHS values, culture and ways of working and work to their best potential. The contributors hope that the induction programme achieves this goal, as a means to ensuring the best for the people served by the NHS.

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Guidance for NHS Trusts on the minimum requirements for IMG induction

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Background

Currently, 41.9 percent of the NHS medical workforce are from ethnic minority (EM) backgrounds.¹ But there is substantial evidence showing that EM staff are likely to experience racism and discrimination and may have poorer experience and progression opportunities, and that 'the extent to which an organisation values its minority staff is a good barometer of how well patients are likely to feel cared for'.² NHS Trusts recruit substantial numbers of medical graduates from overseas every year, but – unless they are on a national training programme – often expect them to start work without adequate induction. The GMC's *State of Medical Education and Practice* report³ identified as far back as 2011 the need for induction as a means to reduce the higher risk of international medical graduates (IMGs) being referred for fitness to practise investigation. So far little has changed.



Professional medical practice in 2022 is highly complex and demanding, requiring considerable expertise, specialist knowledge, and the ability to communicate sensitively, and these are a basic requirement to ensure patient safety. Yet

the majority of new IMGs do not get adequate induction into this, and indeed are often expected to start work without it. If they have arrived from a country with a very different health system and cultural norms, with different medicines and technology, a completely different online patient record system, and very different rules around data protection and what information should be communicated to patients, it is unrealistic to expect them to absorb the NHS requirements without sound induction. It is also likely that without induction they will make mistakes, and some could be serious. It is unfair – to them and to patients – to expect them to guess. Many come from health systems where asking for help is frowned on, and discrimination and racism in the NHS are likely to complicate their first few weeks of practice still further. How would a new IMG starting in anaesthetics know what the NHS rules on 'Do Not Resuscitate' are, unless they have been explained to them? How would a new doctor starting work on an acute psychiatric ward be adequately prepared unless they have been inducted into the requirements of the Mental Health Act and the need for well-coordinated multi-disciplinary working?

The most common challenge reported by IMGs in a 2019 study lead by the Medical Adviser, Workforce Race Equality Strategy (WRES) Implementation Team, NHS England, was communication with patients, the public and colleagues, entailing common problems such as understanding colloquial English (which may bear little resemblance to the English they learned at school). The researchers were unable at the time to find any Trust induction to assist new doctors to improve competence in language and oral and written communication. Communication difficulties are an obvious potential source of misunderstanding and patient dissatisfaction, and an introductory programme could prevent many problems arising.

Some NHS Trusts provide a good welcome and induction for their new IMGs, but many do not. New doctors who are enrolled on Royal College training schemes receive some or extensive induction, mentoring and supervision, but others may get none at all and will have to find their way themselves, guessing about what is expected of them as professionals and hoping to avoid too many errors in their first weeks. Whilst the GMC provides an excellent but brief introduction via their free 'Welcome to UK Practice'

¹ British Medical Association. Delivering racial equality in medicine.

² Dawson J. Links between NHS staff experience and patient satisfaction: Analysis of surveys from 2014 and 2015. NHS England. Published on 21 February 2018. <https://www.england.nhs.uk/wp-content/uploads/2018/02/links-between-nhs-staff-experience-and-patient-satisfaction-1.pdf>

³ General Medical Council. The state of medical education and practice in the UK. 2011.

programme, many IMGs may never know about this until it is too late. Good induction is clearly a requirement to underpin patient safety.

The NHS depends on IMGs for its continued functioning, and yet they are often taken for granted. In addition, resources invested by Trusts in early induction for IMGs will result in their rapid and sustainable development of effective practice and in preventing potentially costly errors and complaints.

Following the study to assess the induction needs of IMGs, the development of a national induction programme for IMGs was approved by the Workforce Race Equality Strategy Advisory Group (WRESAG) in October 2019. The aim was that it will become a requirement for all NHS Trusts to provide comprehensive induction for their new IMGs, and this guide sets out the minimum requirements. Trust Boards are accountable for ensuring their new doctors receive education and training that will enable them to meet the GMC standards for professional medical practice, and this guidance sets out minimum standards for an induction programme which will contribute the first step in the training and development of IMGs who come to serve in the NHS. A draft version of the guidance has been evaluated and modifications were made in response to the findings of the evaluation.

How this guidance was developed

The Medical Adviser to the NHSE WRES Implementation Team (MR) and a Project Lead (Andy Beckingham) with the responsibility to coordinate the development of the induction programme, gathered feedback from IMGs about their experience of starting work in



the NHS and about what would have helped them. Induction had not been the norm. Many had not even been allocated an appraiser, being instructed to start working independently very soon after their arrival in the UK and without any relevant knowledge such as policies regarding safeguarding or safe discharge arrangements, or even briefing about what social services do. The majority of participants reported that Trusts had not even assisted them with essential needs such as setting up a bank account, finding appropriate rented accommodation, schools and basic amenities. Many IMGs found the use of NHS IT very difficult and stressful, not least because of the medico-legal implications of any lapse in their handling of data and information. Diagnostic and procedural coding is complex and mistakes can cause major problems and costs. Communication with patients and the public as well as with colleagues was by

far the most commonly reported challenge, with evidently no induction programmes equipped to offer any support to improve competence in language, and the – often colloquial – oral and written skills and knowledge needed for good communication with patients and their families.

An IMG Induction Programme Development Group brought together by the Medical Adviser, agreed that induction for new IMGs would become mandatory for all NHS Trusts, and that a set of minimum standards should be developed as guidance. This guidance would then be made available to Trusts so that they could develop their own induction programmes. The Medical Adviser and Project Lead worked with a number of doctors, medical educators and others in NHS Trusts which already had IMG induction programmes, to gather examples of good practice. Advice was sought from senior colleagues from the GMC, particularly about the potential for good induction to improve professional practice standards and decrease the risk of future concerns and complaints. Doctors and medical education leaders across all the medical Royal Colleges were asked to recommend what topics in those specialties would be minimum required learning for new doctors as a part of induction. Leaders in psychiatry, emergency medicine, anaesthesia, paediatrics and child health, obstetrics and gynaecology and surgery have been the first to contribute to this 'specialty-specific' module to this launch version of the programme. We hope that the other specialties will soon follow their lead.

Aims and objectives

The aim of this document is to provide NHS Trusts guidance on induction for newly recruited IMGs.

The objectives are:

- To explain why induction is vital, and how it is necessary if IMGs new to the NHS are to understand what they need to know, and be able to do, in order to work effectively as NHS professionals.
- To set minimum standards for Trust induction programmes.
- To set out what induction should include, and how it should be accompanied by mentoring, supervision and 'buddying'.
- To provide helpful signposting and links to further learning modules to help transition to UK practice.

Who the guidance is for:

- Anyone involved in the recruitment, induction, supervision and support of IMGs. It sets out the standards expected of those delivering induction.
- Senior educators and managers responsible for providing a high quality learning environment for doctors at hospitals and general practices
- It is also designed to help IMGs understand what support should be provided to them.

This guidance has been prepared for use across NHS Trusts in England, but may be applicable to the other UK countries and the independent sector. The Guidance Development Group has included Dr Helen Freeman, the Director of Medical Education, NHS Highland as a member and the strategy for IMG induction in Scotland (see Appendix 7) has informed this guidance.

There are staff networks in most NHS Trusts and Health Boards which meet regularly and offer advice and support to staff, including Lesbian, Gay, Bisexual and Trans (LGBT) staff, staff with a disability or long-term health conditions, and ethnic minority staff. There is also usually an Equality, Diversity, and Inclusion (EDI) lead appointed to oversee the networks. The purpose of the networks is to help shape and deliver the NHS equality and diversity goals in their workplace. We urge these networks to also note this guidance and help implement it in their organisations.

How to use the guidance and associated resources:

This guidance is available to all employers, colleges and Health Education England (HEE) lead employers who support newly recruited IMGs, and is aimed at IMGs themselves, their Educational (ES) and Clinical Supervisors (CS), and Human Resources (HR) and Trust postgraduate medical education departments in NHS employing organisations. As well as setting out minimum standards for employers, this guidance will provide additional information to HR departments, IMGs and their ESs on the areas that need to be covered to provide effective induction and support.

An e-Learning for Health (eLfH) module has been developed by HEE to introduce IMGs to the National Induction Programme itself and describes the support doctors new to the NHS can expect from Trusts. The e-learning session which can be accessed on the HEE eLfH website, also aims to raise educators' awareness of some of the challenges IMGs may face as they adapt to clinical practice in the NHS.

An example of a 'gap analysis' document is included in Appendix 1 to support the implementation of this guidance in NHS organisations employing IMGs. HR and Trust postgraduate medical education and clinical departments and directorates can use this document to assess and address gaps between their existing resources and provisions and the list of requirements for comprehensive induction.

Educational approach: How will IMGs' learning be achieved?

The guidance is supported by an extensive list of resources including e-learning modules, exemplary checklists and other relevant documents from which IMGs, NHS employers and supervisors can select or supplement according to individual, speciality, and local needs. IMGs' learning and development should be managed through a blended approach of independent study and face to face supervision. It is expected that the guidance and associated resources will act as a driver for new international doctors to engage in focussed discussions with their educational supervisors, to build professional development plans and to undertake additional training to address their learning needs. Not only will this enable IMGs to more quickly understand how theory is applied in practice, but it will also familiarise them with reflective learning, which may be a new concept for those doctors used to a more didactic approach to education.

What this guidance provides

This guidance sets out the minimum requirements for induction. It sets out what Trusts should provide in terms of welcome and pastoral induction, professional practice induction, IT and electronic patient record systems induction, and language & communication induction. It also highlights that the GMC *Welcome to UK Practice* workshop, which offers practical guidance and has been shown by the evaluation to be an effective source of advice should be included as an integral part of the induction.

This guidance also includes a section on the minimum induction requirements for some medical specialties. Further sets, covering all the specialties, will be constructed by the other Royal Colleges and included in this guidance when available.

The section on Professional Practice contains links to the GMC Standards, and Trusts should use the wealth of material available on the GMC website to ensure their induction enables new IMGs to quickly understand how to meet the standards for good practice.

In summary, NHS Trusts recruiting new IMGs without providing robust induction are at risk of compromising good medical practice, patient safety and satisfaction. All Trusts should therefore implement at least minimum induction to support their new doctors to quickly gain the essential knowledge and skills necessary to perform well. Induction should not be static but should be continually improved by seeking the views of IMGs about their experiences.



GUIDANCE

- All NHS Trusts should implement an induction programme for all their new IMGs.
- Trusts can design their own induction, but this guidance sets out the minimum requirements for each type. Trusts are encouraged to collaborate and share good practice.
- Doctors on the Medical Training Initiative (MTI) and Royal College training programmes will normally receive induction, mentoring and supervision, mandated as an integral part of their programmes. However, the induction may not cover all aspects of induction recommended by this guidance. Existing induction programmes may therefore need to be supplemented with additional modules to ensure comprehensiveness.
- It appears to be Specialty and Associate Specialist (SAS)⁴ doctors and Locally Employed doctors (LEDs, previously known as Trust doctors) who are most likely to miss out on effective induction. LEDs⁵ in particular are at risk of being neglected with regard to their personal development, and often work on short term contracts, moving between Trusts frequently.
- Every new IMG should receive comprehensive induction, starting on arrival (see the section on Welcome and Pastoral Induction), although some resources and information should ideally reach them before they leave their country of origin.
- All new IMGs' induction should be accompanied by mentoring and supervision. Mentors and supervisors should also check during the first few weeks that the new doctors are using this new knowledge in their work, and help them with any problems.
- Trusts should particularly note that providing new IMGs with comprehensive induction actively mitigates against mistakes and misunderstandings, and will thus help reduce risk of problems, patient complaints and untoward incidents.
- The GMC regards good induction as essential for all new IMGs. Trusts' induction should include ensuring that all new doctors attend a GMC Welcome to UK Practice session in the first few days after they arrive to start their new job.
- The Care Quality Commission may wish to consider the inclusion of IMG induction in the 'well-led' domain of their inspection.
- Trusts should use the following sections as minimum requirements for their induction programmes for IMGs.

⁴ Note: SAS doctors are employed on national terms and conditions and include Staff Grade, Associate Specialist, Specialty and the new Specialist doctor posts.

⁵ LED (Locally Employed Doctors) have no nationally agreed terms and conditions, a variety of job titles and work on locally agreed contracts, usually fixed term.



Section 2

The Induction Programme for New IMGs



SECTION TWO

The Induction Programme for New IMGs

A Welcome and Pastoral Induction

SUMMARY OF GUIDANCE

- Ensure that the HR team has details of every new IMG's recruitment and travel plans. Meet all new IMGs on arrival and take them to their accommodation.
- Explain to them the practical support the Trust has arranged for them, including housing, banking, salary arrangements, personal IT and phone contract support, how to obtain transport, and ensure they are helped to get utilities.
- Provide useful information about the UK banking system, and about local branches that are accustomed to dealing with new international arrivals. (Alternatively, they could be taken to the bank of their choice, ensuring they have all the necessary documents from the Trust, such as address and salary details.)
- Take steps to make new doctors feel welcome and valued, including ensuring they have enough initial food supplies and the necessary information to be able to do basic shopping and easily find places to eat.
- Introduce them to peer support, including a 'buddy' and a group of other International Medical Graduates (IMGs).
- Provide them immediately (and preferably by email before they leave their country of origin) with all necessary information about the Trust and their department.
- Brief them about the need to register with a GP and provide useful practical information on how to do this, including contact details for local GPs.
- Explain the requirement of registering for council tax and give practical information to enable them to do this.
- Provide comprehensive and useful information about their immigration status (and that for family members where appropriate).
- Give links to the relevant GMC department, and ensure they understand the requirement to register with a medical indemnity provider.
- Provide information about how to facilitate visits by overseas family members.
- Provide information about local religious and other resources as required, education, a guide to the local area and places of interest, and information about local green spaces.
- Routinely obtain feedback from IMGs about the induction, within six months, and use that feedback to improve what is provided.
- All Trusts should consider establishing an IMG office or join forces with other trusts across the region to set up a regional resource to coordinate support for newly recruited IMGs.

Pastoral elements of induction for International Medical Graduates (IMGs)

All NHS Trusts receiving IMGs should make them feel immediately welcome on arrival, and provide them with the comprehensive information they will need to settle in to living in UK, and starting work effectively in the NHS. This is essential, because good induction provides new IMGs with a sound basis on which good medical practice can be built. As one contributor to this guidance summarised it, these proposals are very much common sense and in the spirit of asking ourselves to treat others in the way we would wish to be treated if we were starting work in another country.

Many new IMGs will be starting a new job in which they will face a steep learning curve, at the same time as having to learn all about a new culture and sorting out a number of practical matters such as housing, money, and food. All these are likely to be stressful, and can detract from the ability to focus on work. This is not desirable, and Trusts can easily prevent and mitigate much uncertainty through a combination of practical induction, provision of comprehensive information, and the enrolment of every new doctor into a peer support group and pairing them up with a buddy.

Unfortunately, since the very start of the NHS, many new IMGs not enrolled on, for example, an international medical training initiative have been arriving with little or no welcome to the NHS and the UK, inadequate information about their job and their department, and have been just left to get on with it. This is unacceptable and provides a poor start, hardly conducive to effective informed working and good medical practice, and to developing a sense of engagement with the Trust:

‘... ‘little things’ like arranging driving licenses and bank manager meetings meant a difference between well-being and engagement, versus stress and absence for some doctors...Giving everyday practical support is such a good investment whilst we are clear that the process of helping doctors adapt to NHS practices is a sustained journey, not a matter of swift induction.’

(Atewologun et al, 2019)

‘One pregnant IMG found it difficult to get access to care herself because of lack of knowledge of the UK system and no advice being offered.’

(WRESAG, 2019)

Instead, all Trusts should ensure that they provide a welcoming, supportive environment for their new IMGs, facilitated by comprehensive information, and peer/professional support. None of these are hard to arrange.

There are five key elements of pastoral induction for International Medical Graduates:

- 1 Making new doctors feel welcome, on arrival
- 2 Assisting them with basic practical matters
- 3 Placing them within a social/professional peer group and pair them up with a buddy
- 4 Getting feedback from them to help improve induction
- 5 Ensuring they all have clinical supervision and a mentor

Welcome on arrival

The study conducted by the MWRES team revealed that many IMGs felt isolated and unsupported when they arrived, and anecdotal evidence shows that if this is not quickly addressed, their feelings of being an outsider may continue throughout their medical career, impairing it. IMGs can find themselves trying to adjust to a society – and an employer – that makes them feel unwelcome, insecure, and alienated, and this will be damaging to their ability to feel confident and do well at work.

There are a range of opinions between Trusts about appropriate levels of welcome on arrival for IMGs. Some NHS Trusts arrange for their new IMGs to be met at the airport and taken to their interim accommodation. This is more feasible for those within reasonable proximity, and Trusts that already have a tradition of meeting groups of their new overseas nurses may decide to extend it to their new IMGs as well. All Trusts however should ensure as a minimum that every IMG's recruitment and travel plans are known to the HR team, who should ensure that they are met and welcomed on arrival at the Trust.

Good practice examples

The lack of welcome experienced by some doctors can be contrasted with the approach provided routinely by two Consultants in one South East Coast hospital, who invite the IMG and their family to their home for dinner soon after arrival. Other colleagues at the hospital have taken IMGs to buy a TV and then helped them set it up at home. They have helped organise removals, find cheap van hire and boxes. This highly personalised approach makes new doctors know that they are welcome in their host country, and also that their employing organisation sees them as important. It also gives them a setting in which they can quickly get information about medical practice and how the NHS works directly from senior colleagues, in a friendly informal way. It also enables them to rapidly resolve many of the practical matters facing new arrivals, and means they do not have to be worrying about how to get electricity and broadband connections whilst simultaneously trying to learn all about the complexity of the new job in their first few days at work. It also immediately engages them in a local social network and helps mitigate isolation.

Many IMGs trained in countries where the culture and health systems are very different to those of the UK, and it is harder to adjust to the demands of an exacting new job when at the same time engaging with a new and often confusing environment. The importance of preventing the isolation that can result unless IMGs are welcomed and supported is illustrated well in a short video by Cavita Chapman, at: <https://vimeo.com/373889951/8989ca6075>.

2 Practical support

Many IMGs arrive with little knowledge of how to secure housing, how to get electricity and heating, and how to get a bank account. New doctors arriving from very hot countries may be entirely unfamiliar with the basics of home heating in the UK. Issues such as these can be complicated for those unused to the UK, and they will impair an IMG's ability to concentrate on starting their new job well, if they are not rapidly resolved. Doctors such as those who have passed the PLAB may already be in the country, but there are a number of routes to employment for IMGs, so Trusts need to determine an individual doctor's situation, and ensure they have information and support to meet their individual needs.

After arrival, the main elements of practical support which IMGs may require are the basic matters that anyone needs when arriving in a different country:

2.1 Finding reasonable accommodation

Trusts that want their new doctors to be able to focus effectively on their job must ensure that they do not have to worry about where they are going to live. IMGs will need – well in advance of leaving their country – clear information about getting from the airport to their initial accommodation. Minimum good practice is for the Trust's HR department to give IMGs immediate assistance in finding acceptable rental accommodation. It can also be very helpful to provide accommodation for at least their first week.

2.2 Money, opening a bank account, salary details and dates

The Trust's HR department should ensure that on their first day of arrival, every new IMG is given information about the dates on which their salary will be paid each month. The Trust should also, on their first day, give them the written information they need to open a bank account, plus a list of all banks with branches in the area, highlighting any local ones that are accustomed to dealing with new international arrivals. Best practice would be for the Trust to offer to provide a staff member to accompany them to their chosen bank. Without an account, new arrivals may not be able to buy food or get a UK 'phone and broadband contract, register with an estate agent, etc. A salary advance that is deducted in monthly portions over the year may be an option to consider.

2.3 Food

As a minimum, Trusts should provide new IMGs with a list of local supermarkets, plus a list of local shops providing a range of traditional groceries. They should also give information about a range of restaurants where they should be able to eat familiar meals.

2.4 Utilities: electricity, water, gas

Trusts should give new IMGs standard information about how utilities are provided in the UK, with basic instructions about price comparison websites. Assuming that the Trust has also provided every new IMG with support to open a UK bank account, and has paired them with a 'buddy' who can help them with issues such as language difficulties in dealing with online and telephone negotiations with utilities, this should be sufficient to enable them to get water, electricity and heating for wherever they will be living.

2.5 Telephone and broadband

A mobile phone and internet connection will be essentials from Day 1 for new IMGs. Since they will already be familiar with these issues from their country of origin, they should find it easy to do the same in the UK, providing that the Trust has paired them with a buddy or peer support group who can recommend best suppliers.

2.6 How and where to register with a GP and how to access a dentist

Many countries have family medicine, but not all have a primary care system like that of the UK. Trusts must ensure that as part of induction, all new IMGs are given written information about how primary care works, and the importance of registering with a GP. IMGs accompanied by family members should be briefed about the need to register all of them at the GP practice. IMGs will also need advice on how to access a dentist in their area.

2.7 The council tax system

Trusts should provide every new IMG with an information pack containing advice on all the issues covered in this manual, with hyperlinks to useful information sources. Doctors will become liable for council tax as soon as they take up rented or bought accommodation, and thus need to know prospectively how to register for council tax, pay by direct debit etc.

2.8 Visa, immigration, etc

As a minimum, Trusts must ensure their HR department gives all new IMGs comprehensive and useful information about their immigration status (and that for family members where appropriate). All new IMGs should also be given links to the relevant GMC department which will also give them relevant guidance. The Trust HR department should also provide written information about how to facilitate visits by overseas family members. Good practice would be to ensure every IMG is placed in a peer group, in which members will have lots of experience in these issues and can explain and help, in more informal settings.

In East Kent NHS Trust, new IMGs are automatically contacted by one of the Consultants, who will invite them for dinner, at which many of these issues will be discussed. From there, new doctors will be introduced to peer support networks, who will help them with practical matters.

2.9 Transport

The Trust should have ensured that the newly-arrived doctor has reached his/her accommodation (temporary or longer-term), and if this accommodation is not on the hospital site, they should be taken the same or the next day to the hospital and given a tour. As a minimum, all new IMGs should receive the Trust's information pack (written and/or online) that will give comprehensive site maps, department details, telephone numbers etc. It should also give details of relevant local road and public transport links, parking at work, and where to buy or lease a car (reliably) and where to get cars serviced.

2.10 Information about education

IMGs who have accompanying children will need information about schools. The Trust will have enrolled every new IMG into a peer support group, and this will normally be helpful for them to find out about local education. However, this should be accompanied by basic information from the Trusts about education choices in the UK and about local schools.

2.11 Legal responsibilities

In the UK, every person is protected by the law with respect to their human rights and freedoms.⁶ For instance, every person has the right to equality, and it is illegal in the UK to discriminate based on a person's gender, sexual orientation, ethnicity, or any other protected characteristic.⁷ It is also possible that there are behaviours which may be acceptable in some countries of heritage of IMGs but which are not acceptable in the UK and may even be illegal. Chastisement of children is one example.⁸ Mentors and supervisors must ensure that IMGs are made aware not only of their legal entitlements but also their responsibilities as well as the social norms expected of all residents of the country.

2.12 Religious matters

The Trust should provide basic information about local places of worship.

2.13 Support for IMGs who are also Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) or disabled

IMGs who identify themselves as members of the LGBTQ+ community may need support especially during the early days of 'finding one's feet' in a new country. Some of the ways by which IMGs can find support are as follows:

1. Joining GLADD, the Association of LGBTQ+ doctors and dentists in the UK: Social events organised by the GLADD may offer opportunities to make friends. More importantly, the mentoring scheme offers individuals the opportunity to get advice and guidance from more experienced colleagues.
2. Joining the local LGBTQ+ group at the hospital or Trust.

Educational supervisors and EDI leads are well placed to signpost IMGs who are also LGBTQ+ and to introduce them to appropriate networks.

Similarly, IMGs who are disabled should be signposted to appropriate services and organisations.

2.14 A guide to the local area

When IMGs move to a new country, they lose their social networks and informal support systems. The Trust will want new IMGs to quickly feel part of the Trust and also develop an attachment to the local area and population. Many NHS Trusts are also in the vicinity of interesting places, historical and tourist attractions but new IMGs (and their families) may need initial buddying and peer encouragement to explore these. Unfortunately, feedback from international medical graduates revealed that many new doctors found themselves in unfamiliar surroundings, sometimes in isolated rural areas or in endless-seeming urban areas, without any information about the area. This often gave a sense of isolation and exacerbated feelings of struggling to settle into their new job. Lacking useful guides to the area, new doctors can miss out on opportunities to feel a sense of belonging to a community, and feeling alienated in a new culture will act as a powerful barrier to professional integration at work. Trusts should therefore provide a guide to the local area, including place of interest, local history, and amenities, plus lists of local community organisations.

2.15 A guide to local leisure facilities and green spaces

IMGs should be given guidance on how they could explore safe green spaces, outdoor activities and social events via apps such as MeetUp, which offer a range of social engagement in small groups, from walking and running groups, cooking, sport and film groups, to more specialist ones such as the London Shyness & Social Anxiety group, so that people with diverse interests can engage with others. Helping IMGs join local

⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/962463/English_only_-_web_accessible.pdf

⁷ <https://www.gov.uk/discrimination-your-rights>

⁸ <https://childlawadvice.org.uk/information-pages/parental-responsibility/>

community networks or networks within the Trust/Health Board or signposting them to local diaspora organisations may help them rebuild their support systems.

The use of green spaces is associated with improved emotional well-being, but a number of IMGs may come from cultures (and environments) where walking in the country is not usual, and may need an introduction. They may also need support from a peer group to find education and social activities for their children. Such assistance can help IMGs develop a feeling of belonging to the local area.

2.16 Buddying and peer and social group support

A vital part of pastoral support is to immediately link each IMG to a social support group. All Trusts should ensure that they nominate a 'buddy' to each new IMG to prevent isolation and loneliness, and offer recommendations on accessing social activities. Ideally, the IMG should be introduced to a peer/professional group of local doctors so that they can quickly develop social links within the Trust, which can then lead them to develop engagement with local communities if they wish. The contact details of EDI leads and the leads of networks appropriate to their needs should also be provided to the IMGs at the time of the induction.

'Friendships were reported to be difficult and largely formed with other IMGs. Opportunity for forming enduring friendships with UK medical graduates were felt to be very limited. Overall, IMGs felt very let down because of the contrast between their expectations of working in the UK and the reality of the NHS work environment.'
(WRESAG, 2019)

'Induction should not be a substitute for comprehensive and ongoing socialisation into the social, cultural and professional environment.'
(Atewologun et al, 2019)

Without good induction, information and peer support, international medical graduates can find themselves experiencing alienation and this may hinder their ability to feel part of their organisation. This can have lasting negative impacts on their attainment.

'Isolation and loneliness were common, and interactions between UK staff who were largely perceived as indifferent or even hostile, and IMGs are limited to work-related communications.'
(WRESAG, 2019)

Many anecdotes strongly suggest that the lack of initial welcome and support are associated with longer term problems for Trusts managing to retain IMGs:

'A crucial factor (in differential attainment) seems to be doctors' experience of 'insider/outsider' dynamics. Your pathway into UK medical practice may pre-determine your 'outsider' status and the level of support you receive from the outset, starting with induction. A doctor who fails to have a supportive start to UK medical practice can then continue to experience further disadvantage as an 'outsider'... Further exclusion from ongoing socialisation support, often referred to as learning the informal rules of the NHS, is an additional factor.'
(Atewologun et al, 2019)

Good practice example

The most basic thing that NHS Trusts can do is to make IMGs feel welcome from the start, and to know they are being supported:

One Trust appointed a part-time staff member whose sole role was to ensure that every doctor who joined the Trust from overseas was met personally when they arrived in the city. They were also responsible for ensuring that when met, the new doctor's immediate accommodation needs were met. Over the next few days, they ensured that every new IMG:

- had support and the necessary information to open a bank account,
- was given advice on where to live in the longer term, and how to get essential services such as electricity and a 'phone,
- received support on everyday matters that staff typically worried about – such as locating a GP, nursery or school, and support if the doctor's partner was looking for work,
- was connected with a local community group from their country of origin and/or doctors from their country of origin, to assist with acclimatisation.

The Trust said: 'We realised that doctors were bringing to work a whole range of worries which could distract them from a focus on induction and their new job, which was sometimes very stressful. The support also helped prevent isolation or loneliness in early days. Supporting and integrating doctors really helped with the steep social and language learning curve that entirely competent doctors might otherwise face, and greatly assisted with the parallel professional induction we put in place.' (Atewologon et al, 2019)

Good practice in East Kent NHS Trust

The dermatology department has been highly successful in making new IMGs feel welcome, and find their feet quickly. This has been one of the main features that has established an overall welcoming culture for all new IMGs in the Trust. Dr Asha Rajeev, Consultant Dermatologist, and Dr Cedric Charles, Consultant in Emergency Medicine have led the initiative for a number of years. All new doctors in dermatology receive a guide to the dermatology department. In addition to technical information about departmental practice, the guide lists all clinical and other members of staff, premises and clinic times. All new IMGs receive a guide which also contains information on essential practical matters such as housing, shopping, schools. The Consultants also ensure new IMGs feel personally welcomed and supported. All are met at the airport and taken for either coffee or dinner. They are personally given a tour of the hospital. (For the many IMG who have come from a country where medicine is very hierarchical, and the only time they would see a Consultant is if they were in trouble, this is a formative welcome to more friendly UK practice. It also establishes that they are welcome as a team member, and not just someone to work on a rota.)

A WhatsApp group has been established for the IMGs so that they can stay in touch and exchange information. Before they arrive in the UK they are engaged via WhatsApp with the team they will be working with in East Kent. They are buddied with another doctor in a related department (e.g., Anaesthetics and Surgery) who will first take them round the hospital, and who will be available if they need support; Dr Rajeev ensures that they all have an educational supervisor and mentor (if they are not already on an MTI or training programme) and that whatever was promised in their interview and contract is delivered. A monthly social event and catch-up is held for all the IMGs. Every new IMG is given accommodation on site for at least their first six months, unless they choose otherwise. They are also often driven around the area so that they get to know its attractions and places of interest. All these social/professional interactions have resulted in a strong supportive culture of engagement among the doctors, which has been sustained over time and is reported to have had positive impacts on retention and performance.

3 Feedback from International Medical Graduates

Every Trust should actively involve IMGs, within six months of their arrival, in giving feedback about the pastoral elements of the induction. Any missing elements they identify can then be added to the programme.

Good practice example

One Trust obtained feedback directly from one of their recently-arrived new IMGs. The issues they had wanted to know had included:

- Clear information about their starting dates and their induction dates. It was reported that some IMGs had to wait two to three weeks after arrival before they could start the job because there was no induction session available for them.
- Information about how and where to open a bank account and how to find the relevant paperwork.
- Information about how the tax system would work and how they would be able to prepare a tax return.
- If no hospital accommodation was to be available, how they could reliably find rental accommodation.

4 Supervision

Every IMG should be assigned a clinical supervisor and/or a mentor. Supervisors can then ensure that an IMG has received the induction they needed, and has all the information they need to work safely and professionally. Meeting regularly with the IMG, they can then discuss their progress, assisting the IMG in addressing gaps in competence. This is important for preventing problems, as well as ensuring that all IMGs have what they need to prevent differential attainment. Currently, while IMGs on MTI and other training schemes receive comprehensive supervision, some SAS and LE doctors may get little or none. Trusts need to address this, not least because it creates inequalities and also increases the likelihood of problems and complaints.

Effective supervision of the new IMG can be aided by the sharing of information from the interview panel which recruited the IMG, as part of robust recruitment practice. Robust recruitment could include the preparation of formative learning and development objectives at the appointment stage for the successful IMGs appointees, and these objectives could then be a useful basis for the first educational supervision meeting. The principles of robust recruitment which could be applied in the selection of IMGs to work in the NHS, are included in Appendix 2.

An exemplary checklist which can be used by the Educational Supervisor at their first meeting with the IMG is included in Appendix 3. This checklist covers areas of specific needs of new IMGs, as per feedback from previous IMGs and experienced educational supervisors. It is expected that this checklist will act as a driver for new IMGs to engage in focused discussions with their educational supervisors, to build professional development plans and to undertake additional training to address their learning needs.

Training of Medical Workforce and Human Resources teams in managing IMG induction with skill and sensitivity

Trusts must recognise the need to upskill Medical Human Resources teams in understanding and managing with efficiency and sensitivity all aspects of IMG needs at the stage of induction and beyond. The Trust must build appropriate support structures for pastoral care, with IMGs having access to peer groups, reflective practice discussions and mentor-mentee frameworks.

Good practice example

W Middlesex University Hospital is piloting the eLFH module on cultural competence⁹ and the allocation of an educational supervisor to each new IMG, regardless of the length of their contract at the hospital – this requires the Trust to allocate Educational Supervisors for IMGs recruited as locally employed doctors and to remunerate them appropriately, so that the LEDs can also receive the level of support and supervision that would be offered to NTN trainees. A summary of actions planned at this Trust to ensure a comprehensive induction is attached at Appendix 4.

References

Atewologun, D., Kline, R., Ochieng, M. (2019) Fair to refer? Reducing disproportionality in Fitness To Practice concerns reported to the GMC. June 2019. GMC, London.
(Atewologun et al, 2019)

Workforce Race Equality Standard Strategic Advisory Group (2019) Developing an induction programme for IMGs – Report for WRESAG.



B

B Induction on Professional Medical Practice in the UK

(Prepared with guidance from Tista Chakravarty-Gannon, Head of Outreach Development and Support Operations and Head of Welcome to UK Practice at the General Medical Council)

SUMMARY OF GUIDANCE

- All IMGs, particularly those not on formal training programmes, should receive professional practice induction.
- Ensure that new IMGs attend a GMC 'Welcome to UK Practice' session at the earliest opportunity, ideally before starting their clinical duties at the Trust.
- Ensure that all new IMGs are assigned mentoring and supervision on arrival, and that professional practice guidance is included in those activities.
- Introduce the GMC's categories of guidance on ethical medical practice during induction, to cover core principles and provide relevant local signposting for each category.
- Give all new IMGs links to the GMC e-resources so that they can follow up their initial induction with further study in their own time.

1 Aim

The aim of this section of guidance to Trusts is to ensure that all newly-arrived IMGs gain a basic introduction to the main issues relating to professional medical practice that they need to understand in order to work competently as medical professionals in the NHS.

1.1 To what extent are Trusts obliged to implement professional induction?

Board members are required to ensure that where their Trust is responsible for educating and training medical students and doctors in the UK, they meet the educational standards set out in the GMC's 'Promoting Excellence' document.¹⁰ This includes ensuring that all new doctors read and understand the GMC standards for professional practice.¹¹ The GMC regulates Trusts in this regard and will require boards, responsible officers and medical directors to show that they meet the standards. It is expected to form part of CQC checks.

The GMC states that patient safety is the primary concern. It is clear that if new IMGs (particularly those from countries with very different health systems) are to practise safely from the start, then they must know exactly what is required of them as NHS professionals, and how to rapidly acquire that knowledge.

1.2 Who will induction apply to?

It appears to be Locally Employed Doctors (especially) and SAS doctors¹² who are most likely to miss out on effective induction. Doctors on MTI and Royal College training programmes often – but not always – receive induction, mentoring and supervision, mandated as an integral part of their programmes. However, every IMG must receive effective induction. There is already national guidance for SAS doctor induction¹³ which should be read in conjunction with this guidance.

Research has shown that a significant proportion of new IMGs begin NHS work without a good understanding of what is required in terms of professional practice. This should therefore be provided on or before arrival, and include printed or online material with links to key online resources, particularly those which give detailed learning material so that new doctors can follow up the induction topics with more in depth learning in their own time. The GMC resource for new doctors is an important source of this material and guidance (see below).

¹⁰ GMC (2015) Promoting Excellence: Standards for medical education and training. GMC, London

¹¹ West Middlesex University Hospital (piloting) suggest that Trusts should include questions when they conduct post-induction evaluation among IMGs feedback to check they demonstrate understanding.

¹² Note: SAS doctors include staff grade, associate specialist, specialty doctors and new Specialist Doctors.

¹³ <https://www.nhsemployers.org/articles/sas-induction-checklist>

2 Integration with Trust induction

Understanding UK professional medical practice is a key component of induction. Attending the GMC 'Welcome to UK Practice' event will provide an interactive context to this aspect of the induction and Trust should ensure that their new IMGs are supported to attend this event at the earliest opportunity. The Welcome to UK Practice session can be provided locally.

Professional practice induction also needs to be delivered face-to-face by a senior doctor on an IMG's first day in their new job. At the Trust it will need to be integrated with the other sections of induction (e.g., pastoral, specialty) set out in this guide, and also with the Trust's own general induction for all staff.

This will need to be followed up during the subsequent weeks of supervision and mentoring that all IMGs should receive as basic good practice. They should also be given positive encouragement to use the Introduction to the National Induction e-learning programme, a web resource designed specifically to raise their awareness of some of the challenges they may encounter and the support they can expect to help them accustom to NHS practice hosted at www.e-LfH.org.uk.

Trusts should recognise that when an organisation recruits an IMG, the receiving group also face certain challenges in how to integrate the individual into the workforce successfully. At a Trust level, it is important that the Equality and Diversity training that is mandatory for all staff is regularly reviewed and refreshed. Of particular relevance is whether a department requires some form of training to understand the challenges of IMGs so that colleagues are more receptive to new colleagues from overseas. In most centres this happens over time as teams become used to receiving IMGs and working alongside them, but as good practice, some Trusts streamline this process by teaching both the IMGs and their staff about cultural competence. It is strongly recommended that all educational supervisors working with IMGs should develop their skills for supporting internationally trained doctors as part of their faculty development programme.

3 Topics to be covered at induction

The professional medical practice component of induction for new IMGs should cover the issues and standards set out by the GMC in GMC (2013) Good Medical Practice <https://www.gmc-uk.org/gmp> and GMC (2015) Promoting Excellence <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence>

These standards cover the duties of a doctor registered with the GMC and therefore all Trusts need to ensure their induction informs all IMGs about this. Doctors are required to demonstrate that their practice meets GMC standards across four domains:

3.1 Knowledge, skills and performance

- Develop and maintain their professional performance
- Apply knowledge and experience to practice
- Record their work clearly, accurately and legibly

3.2 Safety and quality

- Contribute to and comply with systems to protect patients
- Respond to risks to safety
- Respond to risks posed by their own health

3.3 Communication, partnership and teamwork

- Communicate effectively
- Work collaboratively with colleagues
- Take part in teaching, training, supporting and assessing
- Ensure continuity and coordination of care
- Establish and maintain partnerships with patients

3.4 Maintaining trust

- Show respect for patients
- Treat patients and colleagues fairly and without discrimination
- Act with honesty and integrity

It should be emphasised to all IMGs that the GMC guidance for doctors sets out the professional values, knowledge, skills and behaviours *expected* of all doctors working in the UK and is therefore a requirement rather than 'best practice'. There are 32 statements of ethical guidance, set out in 11 categories, providing a framework for ethical decision making in a wide range of situations, including confidentiality, prescribing and end of life care.

Trusts should introduce the categories of guidance during induction, to cover core principles and provide relevant local signposting for each category. An example of what this might include is illustrated in the table below. Links to the GMC material should also be given to all new IMGs so that they can follow up their initial induction with further study in their own time.

GMC standards category	Core principles	Local signposting
Confidentiality	When can disclosures be made and when must patient confidentiality be respected? Public interest in keeping information confidential Disclosures required by law Disclosures in the public interest	Caldicott Guardian Adult Safeguarding Prevent lead Mandatory reporting (FGM)
Consent	Decision making in partnership Valid consent Discussing risks – Mental Capacity Act – Presumption of capacity – Maximising capacity – Assessing capacity – Best interest decisions	Trust consent policy IMCA referral form Requesting a second opinion

3.5 For IMGs to feel confident that they have all the information and resources to deliver care to the appropriate standards, they will need to be given the time to participate in the induction and to reflect on the substantial amount of information they will be receiving during their first few days in the NHS. To enable IMGs to reflect on and understand their new roles, responsibilities and work environment, it would be helpful to:

- Explain the NHS system and in particular, the roles of organisations most relevant to the medical workforce in the UK. A brief description of the NHS and its partner organisations (as of June 2022) is included in Appendix 5.
- Explain the aims of continuing professional development, appraisals and revalidation and practical steps which IMGs must take to ensure that they understand the requirements. IMGs will need support to become familiar with these responsibilities.
- Give all IMGs opportunities to shadow colleagues for a duration appropriate to their individual needs and should not be required to be included on the on-call rota until they are ready to take on this additional responsibility. In some Trusts, IMGs are not included

in the on-call rota for 1 month or longer depending on the speciality. Some medical Royal colleges offer guidance on this issue

- Assign a mentor to each IMG in addition to a clinical supervisor. This is especially important for the many IMGs recruited to SAS and locally employed roles, which do not have the mentoring arrangements generally associated with formal training posts.

3.6 How IMGs may access support and guidance if in difficulty

Educational supervisors must explain the medico-legal framework in which doctors in the NHS work. They must reassure IMGs of the guidance and support they and others such as buddies and mentors would be ready to offer, should the IMG face a difficulty such as a complaint. They must also advise IMGs regarding the assistance and support which is offered by the BMA and medical defence organisations.

Joining a medical defence organisation

Trusts should ensure that IMGs understand the importance of registering with a medical defence organisation (MDO) and encourage registration before starting work. The vast majority of doctors in the UK are members of one of the three main MDOs: the Medical Protection Society (MPS), the Medical Defence Union (MDU) or the Medical and Dental Defence Union of Scotland (MDDUS). There are also smaller indemnity or insurance providers such as Premium Medical Protection, Medical Defence Shield and Tovergate MIA. Membership of the MDOs provides doctors with 24 hour a day, seven day a week access to medico-legal advice as well as the right to request advice and legal representation for General Medical Council referrals, disciplinary hearings, coroner's inquests and fatal accident inquiries, as well as protection for Good Samaritan acts. The MDOs can also advise IMGs as to whether they need protection from clinical negligence claims. Like all doctors, IMGs are required by *Good Medical Practice* to assure themselves that they are adequately indemnified or insured in relation to clinical negligence claims. While claims in relation to most NHS activity are covered by one of the state-backed indemnity schemes, the majority of doctors who carry out any private work and other activity not covered by a state-backed indemnity scheme, protect themselves from such claims through their membership of one of the MDOs.

3.7 Several Trusts such as Manchester University NHS Foundation Trust, Newcastle upon Tyne Hospitals NHS Foundation Trust and South Tyneside and Sunderland NHS Foundation Trust have established an IMG Office to coordinate the work of inducting and supporting IMGs recruited to their organisations. It is acknowledged that these are the larger Trusts with a high intake of IMGs per year. Smaller Trusts too, would benefit from such a coordination hub and may benefit from a regional office to oversee and support IMG recruitment and induction across a number of Trusts in the area. A description of the Manchester University NHS Foundation Trust IMG office and its benefits are summarised in Appendix 6.



C INDUCTION ON LANGUAGE AND COMMUNICATION

This guidance has been prepared by Lynne Rustecki, Education Lead, Specialist Clinical Communication and Linguistic Services, London and South East Professional Development Team, Health Education England

Summary of guidance

Recognise that IMGs' language and communication skills are crucial for them to be able to understand and carry out their clinical work effectively, and that language and communication difficulties will make misunderstandings and errors more likely.

Understand that academic achievement in English does not in itself predict communicative competence in professional practice, and that the ways in which language is used in the workplace may be surprising or confusing for IMGs initially.

Reduce risks for the Trust by ensuring that the Induction programme for IMGs highlights, in a non-stigmatising way, that communication patterns differ across cultures and that subtle features of language can impact on professional and social relationships, as well as perceptions of competence.

Ensure that IMGs' supervisors explore their communication skills as soon as possible and that the supervisor and IMG agree and follow a learning plan tailored to the IMG's individual needs.

Provide every IMG with details of the online National Language & Communication Induction resources, and ensure they are supported to complete them. Supplement with learning materials on specialty-specific communication skills.

Offer opportunities for shadowing colleagues in a range of communication contexts.

Arrange follow up sessions, individually or in groups, to reflect on the online materials, discuss how communication theory applies in everyday practice and explore individual issues around language and communication. Signpost IMGs to local specialist resources, as necessary.

Be aware that adjusting to new patterns of professional interaction requires time, practice, feedback, and reflection, together with support and encouragement from supervisors

Context

Internationally qualified doctors are required to provide evidence of an advanced level of English before they can register with the GMC. However, academic achievement in English alone is not a reliable predictor of successful communication in clinical practice.

Sociolinguistic patterns – the way that language is used to manage relationships and convey professional competence – vary considerably between speech communities. IMGs who have been socialised and trained in a different model of healthcare, are likely to have established particular ways of speaking and writing that will not always work as well for them in UK practice.

These features of language are linked to cultural values about professional behaviour that are often deeply held, so that even highly proficient speakers of English may be unaware that they may be transferring communication patterns from their first language that, in the UK, could cause their intended message to be misread, or their professional manner to appear inappropriate.

Aspects of UK professional communication that may be unfamiliar for new IMGs include:

- Patterns of interaction with colleagues, such as ward rounds, handovers, working in multi-professional teams
- Expectations around doctor-patient communication, such as working in partnership, expressing uncertainty, dealing sensitively with resistance or high emotion
- Aspects of learning and teaching, such as learner autonomy, reflective practice
- Form and content of written communication, such as referral letters, patient records, emails

Doctors new to the UK may be more used to expressing themselves in formal or technical English and may need encouragement to develop a more conversational style for discussions with patients, as well as help with managing unfamiliar colloquial expressions and 'tuning in' to local accents.

IMGs will need time and understanding to recognise and reflect on any assumptions they have about clinical communication that may not be valid for UK practice, and support to notice and practise new ways of interacting.

National Induction programme for Language and Communication

1.1 Educational Approach

It is extremely difficult to develop language and communication skills from theory alone. Ideally, the induction programme in language and communication for IMGs should include both theoretical input and experiential learning sessions, with a 'Communicative Approach.' This emphasises language development in context, achieved through interactive and task-based activities such as discussion and role play, with individual, focussed feedback.

1.2 Summary of support

- Review IMG's current English skills, confidence levels and learning needs
- Co-create a learning plan for language and communication development
- Provide opportunities to shadow experienced colleagues in a range of communication contexts
- Support IMGs to access the specified Induction learning resources (see below)
- Follow up independent learning with regular sessions for discussion and reflection
- Where possible, offer opportunities to roleplay with individual feedback
- Identify local specialist language providers for further development if required

1.3 Programme details

As soon as possible after IMGs take up their new posts, supervisors should offer them the opportunity to review their language and communication skills and to consider any immediate learning needs. This discussion between supervisor and IMG should be done in a non-stigmatising way. Suggested themes for discussion can be accessed via the links below.

The opportunity to observe how UK trained colleagues communicate in the workplace was highlighted as particularly valuable by IMGs who participated in the pilot programme. In their first few weeks IMGs should be given opportunities to shadow experienced colleagues in a variety of communicative situations and should be encouraged to notice subtle differences in language use, drawing comparisons with their previous experiences overseas.

Supervisors should check that IMGs have access to recommended online resources for the language and communication induction and ensure that these are completed. A follow-up session should then take place to discuss the learning and any questions arising from it. An example of resources suitable for IMG induction are those published by the BMA and BMJ. See links below.

IMGs should also be provided with any supplementary materials relating to specialty-specific models of communication, and a glossary of NHS acronyms and abbreviations (examples can be found online) Supervisors should also explain that some medical terms should be used with care in conversations with patients or in other social contexts, where they may sound pejorative (e.g., 'schizophrenic', 'obese').

This theoretical learning should be consolidated with regular sessions on communication, where IMGs are given the opportunity to ask questions, share challenges, and explore how principles underpinning professional communication, such as working in partnership with patients and collaborating in multi-disciplinary teams, are demonstrated through language. Ideally these sessions would also involve opportunities for IMGs to practise new skills and approaches to communication.

If linguistic difficulties persist (for example, unclear pronunciation) IMGs should be signposted to local specialist providers, such as University English Language Departments or if appropriate to the regional HEE Professional Support Unit.

1.4 Guidance for Supervisors

When giving feedback supervisors should be aware that some terms commonly used to describe communication skills may either be new or not immediately clear for many IMGs ('patient-centred', 'active listening' 'open and closed' questions, 'safety-netting' etc) and will therefore need to be explained.

Supervisors should not hesitate to point out any major or persistent communication difficulties. Although it can sometimes feel uncomfortable to comment on others' language, it is in the best interests of IMGs, their patients and colleagues if they are given honest and timely feedback and supported to overcome serious communication problems.

It would be helpful for supervisors to familiarise themselves with some basic linguistic terms so that they are able to describe any specific language difficulties more precisely. A brief glossary of linguistic terms and communication skills, with definitions, can be found here:

[Speaking-checklist-glossary-updated-speaking-2018.pdf](https://prod-wp-content.occupationalenglishtest.org/resources/uploads/2018/07/02165707/speaking-checklist-glossary-updated-speaking-2018.pdf) (occupationalenglishtest.org) (weblink – <https://prod-wp-content.occupationalenglishtest.org/resources/uploads/2018/07/02165707/speaking-checklist-glossary-updated-speaking-2018.pdf>)

1.5 Further resources:

Discussion questions for reviewing language and communication skills:

Induction Package for International Medical Graduates – English Language Skills | London ([hee.nhs.uk](https://london.hee.nhs.uk/induction-package-international-medical-graduates-english-language-skills)) (weblink – <https://london.hee.nhs.uk/induction-package-international-medical-graduates-english-language-skills>)

Induction Package for International Medical Graduates – Professional Communication Skills | London ([hee.nhs.uk](https://london.hee.nhs.uk/induction-package-international-medical-graduates-professional-communication-skills)) (weblink – <https://london.hee.nhs.uk/induction-package-international-medical-graduates-professional-communication-skills>)

Induction Package for International Medical Graduates – Learning and Teaching | London ([hee.nhs.uk](https://london.hee.nhs.uk/induction-package-international-medical-graduates-learning-and-teaching))

(weblink – <https://london.hee.nhs.uk/induction-package-international-medical-graduates-learning-and-teaching>)

Resources for supporting internationally trained doctors are included in the Differential Attainment Toolkit produced by HEE London:

Differential Attainment | London ([hee.nhs.uk](https://london.hee.nhs.uk/multiprofessional-faculty-development/differential-attainment)) (weblink – <https://london.hee.nhs.uk/multiprofessional-faculty-development/differential-attainment>)

Podcast: Culture and Professionalism – YouTube (weblink – <https://www.youtube.com/watch?v=ZFBtakvl8yA>)

The BMA Module on Cultural Communication is here: Cultural Communications (weblink – <https://new-learning.bmj.com/course/10062653>)

The BMJ Module on Communication Skills is here: Communication Skills (weblink – <https://new-learning.bmj.com/course/10056676>)

Greater Manchester Training Hub: Extensive guide to teaching and learning consultation skills with videos, podcasts and tips (TALC):
<https://www.gmthub.co.uk/talc>

Note the Introduction to consultation skills for doctors new to the nhs:
<https://www.gmthub.co.uk/talc/modules/talc-skills-if-you-are-new-to-this>





D I.T. AND ELECTRONIC PATIENT RECORDS AND CODING INDUCTION

Induction on the use of electronic patient records and other NHS IT systems for International Medical Graduates (IMGs) arriving to undertake NHS jobs

(Prepared with guidance from members of the Induction Programme Development Group)

SUMMARY OF GUIDANCE

- Every international medical graduate should receive induction on NHS electronic patient records and other relevant NHS IT systems. Trusts should take particular care to ensure that SAS and LE doctors and others not on formal training programmes receive this.
- Ensure that new IMGs attend formal initial training about NHS patient record systems, why it is vital to know how to use them properly and accurately, and the rules governing them, before starting their clinical duties at the Trust.
- Ensure they are initially trained in how to use the systems, and given at least four days to shadow other doctors in their use. They should be given opportunities to discuss the systems with a 'buddy'.
- Ensure that their mentoring and supervision includes follow-up about their understanding and use of the systems, with opportunity to ask questions and improve accuracy.
- Give all new IMGs a sound understanding of accurate clinical coding, and how exactly to write an effective discharge summary, and summary care records; this should include understanding the expectations on capturing consent conversations.
- All new IMGs' training should include understanding how their effective use of NHS electronic patient record systems etc is vital to their meeting the professional standards of the GMC and relevant Royal Colleges. Links to those standards should be provided for them.

1 Aim

The aim of this section of guidance to Trusts is to ensure that all newly-arrived IMGs gain a comprehensive introduction to the electronic patient record systems that they will need to use accurately and effectively in order to work competently as doctors in the NHS.

1.1 To what extent are Trusts obliged to implement IT & patient record system induction?

Board members are required to ensure that where their Trust is responsible for educating and training medical students and doctors in the UK, they meet the Educational Standards set out in the GMC's Promoting Excellence document.¹⁴ The GMC regulates Trusts in this regard and will require boards, responsible officers and medical directors to show that they meet the standards. It is expected to form part of CQC checks. All doctors working in the NHS will use Trusts' electronic records systems. These are complex undertakings requiring accuracy and timeliness, and new doctors can only be expected to use them effectively if they are properly trained in how to use them.

The GMC states that patient safety is the primary concern. It is clear that if new IMGs (particularly those from countries with very different health systems) *are to practise safely from the start*, then they must be able to record and use electronic patient data accurately, and have a good understanding of confidentiality matters relating to the records. The accurate recording of diagnosis, clinical coding, treatment, outcomes, and discharge is clearly vital to good patient care and to patient safety. All new doctors need sound training in how to do this, but new doctors recently arrived from countries where hospitals' patient records systems and requirements are very different from those of the NHS will be at a particular disadvantage. Some evidence suggests that some countries' hospital

14 GMC (2015) Promoting Excellence: Standards for medical education and training. GMC, London

discharge summaries tend to be rudimentary, for example, so new medical graduates from those countries *would be unlikely to understand the NHS requirements unless they are specifically educated about it by their Trust*. Without good training, errors might thus be expected.

1.2 Who will induction apply to?

It appears to be SAS doctors¹⁵ and LE doctors who are most likely to miss out on effective induction. Doctors on MTI and Royal College training programmes will often receive induction, mentoring and supervision, including the use of electronic systems, mandated as an integral part of their programmes. However, Trusts should ensure that every international medical graduate receives it.

Research has shown that a significant proportion of new IMGs begin NHS work without a good understanding of what is required. Doctors need to get off to a good start if they are to perform well. The use of NHS IT and electronic patient data systems in particular need to be learned before starting work in a Trust. All new IMGs should receive specific induction that enables them to quickly understand what systems to use, and how to use them. This should be started by formal initial training, continued during their mentoring/supervision, supported by printed or online reference material, and should be followed up within two weeks with checks that they have gained both a good understanding of how to use the systems, and are in fact using them accurately.

2 Topics to be covered at induction

2.1 Comprehensive training on all the Trusts' e-systems

Initial training should be provided as a standard course in which new doctors are introduced to all the electronic systems they will use routinely. This should include patient administration systems, summary care records, and electronic discharge documents (eDDs). Doctors should learn why the data is required, the rules on confidentiality, and the importance of timely and (especially) accurate recording. Clinical coding should be covered, and doctors should learn the reasons why accuracy is especially important – and the human consequences of errors. Training should involve providing doctors with all the necessary information allowing them to log in and use the systems. It is considered good practice to require new IMGs to shadow others for at least four days, and preferable to extend this period to two weeks. Their supervision should include reviews of their use of the electronic systems, with questions being encouraged. It is also considered good practice to ensure that they are assigned a 'buddy', who should be encouraged to discuss the electronic systems with them, and support their use. Trusts are recommended to include 'classroom' training sessions for those IMGs who have never had experience of complex health information systems, though these should avoid stigmatising those enrolled.

2.2 Electronic Discharge Documents (eDDs)

New IMGs will need to understand what the discharge documents are, why they are vital, and the Trust's policies or rules on discharge summaries – such as why no patient should be discharged without a completed eDD, and the risks of consequences such as adverse events and readmissions. They should understand the Trust's rules about confidentiality and data protection. They will need to understand how to write an effective discharge summary¹⁶ who to send it to, and how to send it. This will need to include managing notifications of deceased patients.

2.3 Summary care records (SCRs)

New IMGs will need to understand what summary care records are, why they are vital, and the Trust's policies or rules on them. This should include gaining an understanding of the importance of patients consenting to the doctor their seeing their records, and the rules

¹⁵ Note: SAS doctors include staff grade, associate specialist, Specialty and new Specialist Doctors.

¹⁶ Ideally all new IMGs should receive a checklist for all the information that discharge summaries should include. As an example, Lincolnshire LMC provide What Makes a Good Electronic Discharge Document?

about 'creating valid relationship', and what to do if a patient does not give consent. They must know how to get emergency access if a patient is in a serious condition but has not consented.

Trusts must ensure that all new IMGs complete training in the use of smart cards and PINs, understand the complexities of NHS Numbers and how to use them, and have a good understanding of how to find the correct patient details, including how to do both a basic and an advanced patient search.

2.4 Clinical coding

Trusts must ensure that all new IMGs complete training in understanding what clinical coding is, and why its accuracy and completeness is vital in the NHS. They need to gain a clear understanding of the interrelationship of patient notes, codes, clinical worksheets and letters, hospital patient administration systems, and how relate to central datasets. The Trust should ensure that every new doctor is properly trained in how to decide and record primary and secondary diagnoses, and co-morbidities. They should understand clinical coding rules, and query and definitive diagnoses and how to code them. The Trusts should also educate them about the financial consequences of inaccurate coding, and the problems of patients not having accurately documented diagnoses.

3 Standards

Induction should include initial training (followed up during mentoring and supervision) on the standards required for writing records. For example, new IMGs may not know how much or little to write, and they may not be familiar with some of the common UK medical abbreviations.

It is also important that Trust induction specifically covers guidance and standards on retroactive amendment of case notes.

Trusts should ensure that all new IMGs are given key online links to the Record-Keeping Standards, such as those of the: Royal College of Physicians: <https://www.rcplondon.ac.uk/projects/outputs/generic-medical-record-keeping-standards>

Royal College of Surgeons: <https://www.rcseng.ac.uk/standards-and-research/gsp/domain-1/1-3-record-your-work-clearly-accurately-and-legibly/>

General Medical Council: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/domain-1---knowledge-skills-and-performance#paragraph-19>

E

E SPECIALTY INDUCTION: PSYCHIATRY

(Prepared by Dr Olubukola Adeyemo, Dr Saleema Durgahee and Professor Subodh Dave)

Induction for International Medical Graduates (IMGs) in UK psychiatry.

1 Aim

The aim of induction for IMGs starting in psychiatry is to provide a basic understanding of the main issues – specific to psychiatry – in order to begin working competently and confidently.



1.1 Who will induction apply to?

It appears to be SAS doctors¹³ and Trust doctors who are most likely to miss out on effective induction. Doctors on MTI and Royal College training programmes will normally receive induction, mentoring and supervision, mandated as an integral part of their programmes.

However, this is not always the case, and Trusts should ensure that all new international medical graduates receive induction.

2 Integration with Trust induction

Psychiatry induction will be brief, but needs to take place at the earliest opportunity. It can be done face-to-face by a senior doctor on the first day in their new job. The Trust will need to ensure it is integrated with the general Trust induction. It will need to be followed up during the few weeks of supervision and mentoring that all IMGs should receive as basic good practice.

2.1 Shadowing

IMGs in psychiatry should be assigned a core trainee or foundation doctor as peer-to-peer shadowing. This can be integrated into the 'buddying' and peer group support that all Trusts should implement for all their IMGs.

3 Topics to be covered at induction

3.1 Working in psychiatry

IMGs need a 'survival toolkit', as each mental health Trust will have a crisis response service interfacing with the acute Trust, and it is not unusual for new doctors to be put on the rota. In a first job, IMGs' 'toolkit' should include as a minimum (1) brief explanation of Mental Health Service structure in the NHS (Crisis/Urgent care pathways and teams, inpatient and community services, specialist teams), current service care model and the concept of Parity of Esteem, (2) overview on the psychiatric history and examination, common scenarios of psychiatric presentations and emergencies, and what they would be expected to do in each case (3) overview of their role and responsibility during 'on call' shifts, how to contact senior colleagues for advice and support (4) additional relevant information e.g. rapid tranquilization algorithms.

3.2 Asking for help

New IMGs in psychiatry will need to know when to call for help, especially if they come from a country where it is implicitly not acceptable to call a senior for help with a case. IMG induction should make clear they will not be stigmatised if they request help. It will be important to emphasise that psychiatry in the UK tries to minimise 'blame culture' and that junior doctors are expected to ask for assistance if they are out of their depth. They also need to learn that it can be OK to ask a non-medical colleague with more experience.

3.3 Multidisciplinary working

The practice of Psychiatry is multi-disciplinary, with respect and compassion for colleagues an important element of working life within teams. IMGs will need appropriate and thorough introduction to the different health and social care disciplines involved, an explanation of how multidisciplinary team meetings work (including complex case discussion/formulation, which may also feature), and ideally experience these with the support of peer and/or senior colleagues to decipher any queries in real time. It would also be helpful to provide information on organizations that work with and in parallel with mental health services e.g., voluntary sector agencies, local council services and housing, citizens advice and employment support mechanisms, sexual health, drug and alcohol services.

3.4 Settings and services

Most IMGs beginning in psychiatry will work in general adult psychiatry, acute in-patient and community based mental health, or with older adults/older life patients. They will need a basic grounding in how those services work. This should include an introduction (preferably delivered by a doctor enrolled on a training scheme) to how mental health services are structured in the UK, including urgent care pathways, community mental health services, and a basic outline of the sub-specialties and how they interface in mental health and integrate with physical and social healthcare services. A useful accompaniment to these would be a hospital visit (including acute psychiatry and A&E) led by the Liaison Team.

3.5 Legal Issues

Induction for new IMGs in psychiatry will need to rapidly ground them in the basics of the Mental Health Act and its more common sections, the Mental Capacity Act and the Liberty Protection Safeguards, or their equivalents in the devolved nations. IMGs should be encouraged to access available learning resources provided by their employing Trust, through indemnity organisations, BMA and RCPsych.

3.6 Cultural

Induction may need to outline the importance of mental health needs of different ethnic groups, and how racism and social divisions interact with mental health. Issues like suicidal ideation and self-harm need to be emphasised as acceptable and important to talk about with patients, particularly if the patient or doctor come from cultures where it is taboo to talk about suicidal ideation and attempted suicide.

IMGs will need thorough introduction to appropriate diagnostic classification and coding systems. IMGs will need opportunity to become acquainted with clinical presentations that they are less likely to have come across in their practice abroad e.g. personality disorder and eating disorders.

3.7 Medicines

Psychotropic Induction will need to cover the basics of medication, prescribing policies and formulary, rapid tranquillization policies and approved sources of patient information.

3.8 Assessment

New doctors' induction should include an outline of how to assess the mental health of patients. Ideally this will be re-visited with a more senior psychiatrist during supervision in the early weeks following induction.

It is good practice for new IMGs to have the opportunity for observed feedback from their Consultant Supervisors. It would be expected that IMGs may need a higher number of Work Place Based Assessments such as Assessment of Clinical Expertise (ACE) and mini-ACEs in their induction phase.

3.9 Familiarity with mental illness

Induction for psychiatry needs to be grounded in the basis that although many IMGs will have had their medical education in countries with similar approaches to mental health as that of the UK, others will not. They may have trained in a country where mental health services are not well-developed. Cultural issues will have shaped the brief experience they may have had in their medical training. Basic knowledge about mental health of newly-qualified doctors from some cultures may have made them familiar with psychosis, but less familiar with anxiety and depression, which are more likely to be somatised in some countries, or to be taboo subjects. In some parts of India for example, experiencing depression may be seen as weakness, and thus hidden.

Language

Language will also be important. The more general Trust induction for all IMGs should cover language, colloquialisms, and local dialects, but the psychiatry induction should also include briefing about how people in the UK talk about mental illness.

Professional standards

New IMGs will need orientation to Medical Professional Standards as described in the GMC 'Good Medical Practice' guide. Furthermore, IMGs should familiarize themselves with RCPsych Code of Ethics and Core Values and Behaviours. These documents lay down the Professional Standards expected of doctors and psychiatrists in the UK. Maintaining professional boundaries should also be discussed with doctors at induction and with supervisors, fostering wider discussion regarding acceptable behaviours and concept of setting expectations of patients' and families. The links below may be shared with IMGs and include helpful guides for doctors working in the UK.

Royal College of Psychiatrists Our values and behaviours ([rcpsych.ac.uk](https://www.rcpsych.ac.uk))

Royal College of Psychiatrists Medical Training Initiative including guide
Medical training initiative (MTI) | Royal College of Psychiatrists ([rcpsych.ac.uk](https://www.rcpsych.ac.uk))

Royal College of Psychiatrists Guide to Living and Working in the UK
www.rcpsych.ac.uk/training/international-medical-graduates



F

F SPECIALTY INDUCTION: ANAESTHETICS

(Prepared with guidance from Dr Dipesh Odedra, Director of Medical Education and member of the Leadership Team at Leeds Teaching Hospitals NHS Trust. Dr Odedra set up the RCOA MTI scheme in Leeds)

Induction for International Medical Graduates (IMGs) in NHS anaesthetic jobs

1 Aim

The aim of induction for IMGs starting in Anaesthetics is to give them a very basic introduction to the main issues – specific to anaesthesia – that they need to understand in order to begin working competently and confidently.



1.1 Who will induction apply to?

It appears to be SAS doctors¹⁷ and locally employed doctors who are most likely to miss out on effective induction. Doctors on MTI and Royal College of Anaesthetists training programmes normally receive induction, mentoring and supervision, mandated as an integral part of their programmes.

Ideally, all doctors working in anaesthesia will receive comprehensive induction as part of a College-approved training programme and would only be approved to start work once agreed by a supervisor. In practice, this will not always apply, and inevitably means a number of doctors will begin NHS work without good preparation. Induction should therefore aim to provide sound and immediate induction to support safe anaesthetic practice. It should include written or online material, with links to key online resources, particularly those which give detailed learning material so that new doctors can follow up the induction topics with detailed learning in their own time.

Trusts should ensure that their new IMGs working in Anaesthesia are encouraged and supported to attend a RCOA induction day and a GMC 'Welcome To UK Practice' session at the earliest opportunity.

2 Integration with Trust induction

This anaesthetics induction will probably be brief, but needs to take place at the earliest opportunity. It can be done face-to-face by a senior doctor on an IMG's first day in their new job, and their Trust will need to ensure it is integrated with their general Trust induction. It will need to be followed up during the following weeks of supervision and mentoring that all IMGs should receive as basic good practice. They should also be given positive encouragement to start work on the Introduction for International Doctors e-learning programme, which is a web resource designed specifically to help them accustom to NHS practice hosted at e-LfH.org.uk.

3 Topics to be covered at induction

3.1 Working in Anaesthetics

IMGs need to have a 'survival toolkit', consisting of briefing about what common scenarios are in the kinds of anaesthetics they will be expected to cover, and what they would be expected to do in each case. *They should be given brief written information about the scope of anaesthetics in the NHS, particularly because in some countries, it may have a wider and looser scope. IMGs thus need to know in outline what they can and cannot do in the NHS.*

¹⁷ Note: SAS doctors include staff grade, associate specialist and specialty doctors.

3.2 Asking for help

New IMGs in Anaesthetics will need to know when to call for help, especially if they come from a country where it is implicitly not acceptable to call a senior for help with a case. IMGs need induction that makes it clear they will not be stigmatised if they request help. It will be important to emphasise that the NHS does try to minimise 'blame culture' and that junior doctors are actually expected to ask for assistance if they are out of their depth. They also need to learn that it can be OK to ask a non-medical colleague with more experience. This should be explained to them by a Consultant, in order to be convincing.

3.3 Using NHS electronic patient records

New IMGs in Anaesthetics will need immediate access to the electronic patient care records, including a briefing on how to log in and navigate around the system. Before they begin work, they will also need a briefing on confidentiality. The electronic system is not straightforward, and all new IMGs should receive brief follow-up training a week later to ensure they have enough familiarity to use it correctly. They may need further briefing at this time on standards for writing up notes, including the requirements for legible, signed, dated entries. The GMC requires all practising UK doctors to 'record their work clearly, accurately and legibly' and therefore all new IMGs need to receive induction covering this before they begin work.

3.4 Communication with patients

All new IMGs in Anaesthesia need an immediate briefing on patient-related matters of high relevance to Anaesthesia practice, such as DNR policies, confidentiality of information, and giving bad news. In a number of countries doctors routinely communicate the patient's condition to the family, and it is important that new IMGs understand that this is not the case in the NHS.

3.5 Equipment

Many new IMGs may have qualified in countries where anaesthesia equipment is different to those in the UK, and it will be an essential requirement for Trusts to ensure they are properly briefed to the initial standard required for them to be able to practice safely within the scope of the work they will initially be expected to do.

New IMGs in Anaesthetics also require an introduction and a brief instructional tour of operating theatres and the ICU facilities, to be conducted by a more senior colleague, before starting work. They also need to be introduced to the Operating Department Assistants and have their role explained, as many countries do not have ODAs to assist anaesthetists.

3.6 Prescribing

New international medical graduates must be given written (and preferably also verbal) information about NHS and the Trust's prescribing policy, prior to starting work.

3.7 Contact with other professionals and services

The Trust should provide every new IMG with the contact details of all services, departments and individuals they would be expected to need to contact as part of their work. This would include specific information about their specific on-call duties, and how to bleep someone.

3.8 Medical protection

Trusts should ensure that new IMGs understand the importance of registering with a Medical Defence Organisation immediately so that they obtain indemnity or insurance and professional protection before starting work, and thus they need to be informed about this via induction.

3.9 Early access to information

Some doctors, recruited to work in NHS Anaesthetics may arrive for their first day in the NHS having been recruited from overseas at short notice. Ideally the Trust would have sent them useful induction material with links to study online before they left their own country. Failing this, the Trust should ensure that they are given, before starting work, written material about professional medical anaesthesia practice, with links to online learning material relevant to each topic.

3.10 Induction and patient safety

- To illustrate the importance of induction for new IMGs who start work at Trusts but are not on a RCOA training programme, some brief examples can be given of the induction requirements for MTI participants. At Leeds Teaching Hospitals NHS Trust, MTIs get basic induction from the MTI lead. They receive a minimum of one month's supernumerary practice, with comprehensive material provided in a 'novice' booklet, on drugs, equipment, etc. During this period, they need to complete the RCoA Initial Assessment of Competency that all novice anaesthetists must complete before starting on calls. This serves as a means to introduce them to the UK system of formative assessments and also to demonstrate to the wider department that they have the requisite skills and orientation to perform on calls. The duration of this period is flexible giving the MTI an opportunity to climatize to UK practice at their own pace. The RCOA is keen to introduce a licensing scheme with an assessment of competence to ensure greater patient safety.

G

G SPECIALTY INDUCTION: EMERGENCY MEDICINE

(Prepared with guidance from Dr Roopa Balasundaram, Consultant in Emergency Medicine, West Suffolk Hospital NHS Foundation Trust)

Induction for International Medical Graduates (IMGs) in UK Emergency Medicine.

1 Aim

The aims of induction in for IMGs starting in emergency medicine are:

- To give them a basic understanding of the main issues pertinent to the specialty that they need to understand in order to begin working competently and confidently.
- To ensure IMGs are given adequate support to develop the professional values, knowledge, skills and behaviours to work in the NHS.



2 Background

Emergency medicine is a speciality of high acuity, with variety of cases which can be challenging and stressful to the doctors who work in it. This applies particularly to IMGs, who will not be aware of the local cultural aspects, pathways and social care system that integrate with the work. ED doctors work in time-limited high-acuity situations and hence need extensive support from the outset.

3 Who will induction apply to?

SAS doctors¹⁸ and Locally Employed doctors appear most likely to miss out on effective induction. Doctors on MTI and Royal College training programmes will normally receive induction, mentoring and supervision, mandated as an integral part of their programmes. However, this is not always the case, and Trusts should therefore ensure that all new international medical graduates receive induction.

3.1 Integration with Trust induction

Emergency Medicine induction will be brief, but needs to take place at the earliest opportunity. It can be done face-to-face by a senior doctor on an IMG's first day in their new job, and their Trust will need to ensure it is integrated with their general Trust induction. It will need to be followed up during the few weeks of supervision and mentoring that all IMGs should receive as basic good practice. In order to mitigate the risks posed to patient safety and deliver best patient care, robust IMG induction and holistic support needs to be in place.

4 Prior to Arrival

A copy of the 'Welcome Handbook for Overseas Doctors' should be sent to every IMG at the time of the conditional offer of appointment, or at least one month prior to arrival. At the same time, IMGs should be sent the contact details of a named person within the department who they can contact if they have any queries. This could be the clinical supervisor, or an administrative assistant.

5 On arrival

All IMGs should receive the following, prior to starting work:

- Mandatory shadowing for 2 weeks in various areas of ED such as Minor Injuries, Majors, the Resus Area, and Paediatric ED. They should also shadow Emergency nurse Practitioners (ENPs), EIT, and REACT or frailty teams
- A departmental tour with introductions to all members of staff including staff nurses, co-ordinators, health care assistants and porters
- The Emergency Department Handbook, with departmental guidelines and details of the doctor's role and their expected duties and responsibilities, plus information about access to local amenities, public transport and leisure activities.

¹⁸ Note: SAS doctors include staff grade, associate specialist, specialty and Specialist doctors.

All IMGs should receive a departmental induction, to include briefings on:

- Mental capacity assessment, the Mental Health Act and pathways for mental health referral
- Guidance on taking study leave, aspirational courses, plus brief introductions on applying for training and career development in EM
- Child and adult safeguarding
- Inter-hospital and intra-hospital referral pathways
- (Briefly) an introduction to information and clinical governance
- Roles and responsibilities, understanding one's limitations, and the importance of asking for help.
- Communication, politeness and courtesy
- Duty of Candour, and how to break bad news

6 Peer Support

Every IMG should be assigned a named IMG working resident second on call who can provide them with holistic support.

7 Clinical Supervision

Every IMG should be allocated to a clinical supervisor/mentor at consultant level, with whom an initial meeting should take place within two weeks. Review meetings should then be held at four weeks and eight weeks, to monitor the settling-in process. The supervisor or mentor should invite the IMG to make regular contact on an informal basis for any urgent advice.

7.1 A Checklist for ED IMG supervisor

Supervisors should ensure that their assigned IMGs receive Trust or EM Department covering:

Information Technology

- Electronic record training
- Email and internet access
- Documentation of notes
- ORION (Regional neurosurgical referral)
- TRIPPS (Regional burns/plastic surgery referral)

Clinical support services

- ABG machine and login and training
- Blood collection training
- Departmental tour including introduction to equipment, ready packs, PPE, defibrillators

SOPs

- Personal Protective Equipment use
- COVID guidance
- DATIX/reporting incidents
- Chaperoning policy
- Taking breaks.
- Safe handover
- Shift responsibilities

Apps on phone

- British National Formulary (BNF)
- Toxbase
- EMUK (emergency medicine calculator app)
- Mersey burns
- CoPE (Copenhagen Paediatric Emergency (CoPE) App)
- MyPsych (Mental health info toolkits)
- Eye manual

FAST track pathways

- Stroke
- **Primary Percutaneous Coronary Intervention (PPCI)**
- **Fracture Neck of Femur (NOF)**
- Referral pathways
- Virtual fracture clinic
- ENT
- First fit clinic

Protocols and local/national guidelines

- Sepsis
- Major trauma criteria
- CWILTED assessment
- Pain management in children
- Traffic light system of assessing sick children
- Safeguarding policy of children and adult and pathway
- Falls assessment and frailty team referral
- Emergency tranquilisation/sedation policy
- Asthma guidelines
- Head injury
- MCA and MHA

Infection Control

- Hand hygiene
- Blood culture sample collection
- Cannulation packs

Patient safety

- Consult seniors early on clinical queries
- Elderly discharges
- Safe discharge of Vulnerable patients including dementia/learning disability
- Registering with MDU/MPS

Teaching and supervision

- Identifying skills and supporting in areas of weakness
- Attending and participating in SAS and LE doctors and junior ED teaching programme
- Guidance on booking aspirational courses
- Guidance and introduction to getting into training programme
- Constructive feedback
- Guidance on appraisals
- Ensure they enrol to e-portfolio.
- Introduction to curriculum, reflection, log book entry and Work place-based assessments
- Audits/QIP

Administration

- Police statements
- Witness statements
- Study leave and swaps
- Dedicated Management time in rota and encouraging to attend in clinical governance meetings



H SPECIALTY INDUCTION: PAEDIATRICS

(Prepared by Soft Landing Team (Nadia Baasher, Habab Easa, Rashmi Mehta, Nadia Audhali) and reviewed by RCPCH Officer for Recruitment, General Paediatric Consultant Dr Simon Broughton, RCPCH Officer for Lifelong Careers, Paediatric Nephrology Consultant Dr Dal Hothi and RCPCH Director of Education and Training Mr Daniel Waeland)

Induction for International Medical Graduates (IMGs) Doctors in UK paediatrics.



1 Aim

The aim of induction for IMG doctors starting in paediatrics is to provide them with support they need in relation to following in order to begin working competently and confidently:

1. Understanding of their role whilst working in NHS
2. Career pathways
3. Effective supervision
4. Peer mentoring
5. Well-being

2 Background

Paediatrics is a speciality which includes General Paediatrics and 17 sub-specialities covered in detail here: [Sub-specialties | RCPCH](#).

Paediatric care puts family integrated care at the centre. Concepts such as multi-disciplinary team working with allied health care professionals, safeguarding and social care system could be new to an IMG paediatrician.

Verbal and written communication could be challenging for IMG doctors. They may not be aware of the local cultural aspects, pathways, guidelines, electronic systems for documentation, investigation and referral amongst other things.

2.1 Who will induction apply to?

It appears to be SAS doctors¹³ and Trust doctors who are most likely to miss out on effective induction, when they are the ones who often need a structured induction the most. Doctors on MTI and Royal College training programmes will normally receive induction, mentoring and supervision, mandated as an integral part of their programmes. However, this is not always the case, and Trusts should ensure that all new IMG doctors receive an effective structured induction.

3 Prior to Arrival

A copy of the 'Welcome Handbook for Overseas Doctors The Soft Landing: 'Welcome to UK paediatrics' should be sent to every IMG doctor at the time of the conditional offer of appointment, or at least one month prior to arrival. At the same time, they should receive contact details of a named person within the department who they can contact if they have any questions. This could be their clinical supervisor, or a senior clinician in-charge of IMG doctors' induction.

4 Induction preparation and shadowing

4.1 Integration with Trust induction

Paediatric induction needs to take place at the earliest opportunity, and before any clinical duties are undertaken. It can be face-to-face/ virtual or delivered as a hybrid programme on the first day in their new job. Their Trust will need to ensure it is integrated with their general Trust induction, including statutory and mandatory training for the Trust.

Paediatric departmental induction should include a departmental tour with introductions to all members including medical, nursing, midwifery, allied health professionals, administrative and secretarial health care professionals.

4.2 Educational Supervision and peer support

Trust and departmental induction should be followed by supervision meeting within first few days, and every few weeks initially. The IMG doctor should have access to consultant support at all time.

In addition to an educational supervision, a peer mentor should be also be assigned. IMG doctors should be signposted to the site lead for IMG doctors if there is one, and the IMG WhatsApp/peer support group the Trust may have.

In order to mitigate the risks posed to patient safety and deliver best patient care, robust IMG induction and holistic support needs to be in place.

4.3 Shadowing

Two weeks of mandatory shadowing should be put in place in before taking up the role and duties. IMG doctors in paediatrics should be assigned an equivalent designation trainee for peer-to-peer shadowing depending on the position and role the IMG doctor will undertake.

5 Understanding working in NHS

5.1 Clinical working. Support to understand role, identify knowledge or skills gaps needed to safely start work. Including but not necessarily restricted to the following:

- Conducting (facilitating and leading) ward rounds
- Effective Handovers: SBAR/ iPASS
- Emergency bleep holders: roles, responsibility and asking for help, how and when to escalate to consultant out of hours
- Safe prescribing including practice and use of any electronic prescribing and on-call pharmacy service
- Procedures: Venepuncture, capillary gas, cannulation, lumbar punctures, intubation in neonates, emergency airway, difficult airway trolleys, long line insertions
- Accepting admission, referral pathways: General Practitioner, midwife, Emergency Department, Health visitor
- Clinics: Adequate exposure and opportunity to go to the clinics, shadowing initial clinics and then providing support in clinical decision making and correspondence.
- Access to guidelines and SOPs- local, regional and national
- Child protection medical: adequate supervision in history taking, examination, documentation, report writing and attending multidisciplinary safeguarding peer review meetings to discuss the cases.
- Child death: Sudden unexpected child death procedure
- Mental health presentations and the paediatrician's role

5.2 Administrative: Logins Passwords for following

- Gas machines
- Electronic patient record summary
- Badger (digital maternity notes) if used for neonates
- Investigation, results, PACS (Picture Archiving and Communication System), radiology
- Letter dictation: use of software and associated devices.

5.3 Mandatory courses as per Trust/College requirements and role of the doctor. Help should be offered to secure a place.

- Child Safeguarding Level 1-3
- BLS (Basic Life Support)
- APLS (Advanced Paediatric Life Support)
- NLS (Neonatal Life Support)
- PILS (Paediatric Immediate Life Support)
- EPALS (European Paediatric Life Support)

5.4 Communication

- Verbal: Effective handovers, grand round presentations, breaking bad news, information sharing with colleagues and parents, involving parents in decision making as in line with family integrated care.
- Written: Documentation in notes and electronic patient records- ward round, reviews, speaking to parents; colleagues when referring/ taking advice from another speciality; writing clinic letters- format and proof reading with correction once dictated.
- Simulation of commonly occurring scenarios created with psychological safety in mind, to improve communication.

5.5 Reflective practice

- E-portfolio/ CPD diary: recommendations of platform including costs and how to access
- Debriefs hot/ cold after significant events
- Duty of candour
- Supporting colleagues in challenging situations

5.6 Governance

- Audit/ Quality Improvement Projects: Opportunity to present them at regional, national and international conferences and meeting.
- Routes of escalation of concerns including patient safety, bullying and harassment for both locally employed doctors and trainees.
- Incidence reporting- Datix system, Significant incident investigations.
- 'Learning from excellence' or 'GREAT-ix' reporting, when there has been opportunity to demonstrate and highlight good practices and learning.
- Exception reporting for doctors with this contractual ability: in case of working for more hours than scheduled, not having adequate break times, reporting staffing shortages.

5.7 Opportunities for management and leadership roles

Sign posting and supporting IMG doctors for leadership and management roles within departments locally, regionally and nationally.

5.8 Career progression

- Define career pathway with series of educational and clinical supervisor meetings. This could include CCT (Certificate of Completion of Training) for doctors enrolled in training programme or CESR (Certificate of Eligibility for Specialist Registration) and SAS route. It could also include exploring the preparation for GRID and SPIN (Special Interest modules) for subspeciality applications for trainees.
- If IMG doctors are in training encourage the use of RCPCH eportfolio (weblink – <https://www.rcpch.ac.uk/resources/rcpch-eportfolio-kaizen-guidance-trainees>) regularly and provide opportunities for Work Based Assessments (WBA) and developmental logs. For IMG doctors not in RCPCH run through training -signpost and encourage the use of RCPCH eportfolio. This can be used as log of activities and reflection in future when applying for training or CESR programme.
- Research- Provide opportunities to enrol participants after adequate training, understanding the roles of PI (Principal Investigator), GCP (Good Clinical Practice) training. Signpost to RCPCH Academic trainees' website (weblink – <https://www.rcpch.ac.uk/resources/academic-training>) for exploring academic career pathways and resources (weblink – <https://www.rcpch.ac.uk/resources/academic-toolkit>) and regional trainees research network for collaborative audit/ research projects.
- Signpost to regional trainee networks for updates on regional training programmes, repository of previous training lectures and webinars and latest ARCP (Annual Review of Competence Progression) requirements.
- Provide equal opportunities for IMG doctors to train and develop themselves in field of research, simulation, education, management and leadership, sustainability.

5.9 Teaching opportunities

Provide teaching opportunities for IMG doctors to teach medical students, colleagues in form of bedside teaching or formal departmental and regional teaching days, journal club presentations with appraising papers and more.

5.10 Medical protection

Trusts should ensure that new IMGs understand the importance of registering with a Medical Defence Organisation immediately so that they obtain indemnity or insurance and professional protection before starting work, and thus they need to be informed about this via induction.

5.11 Pay Slips and contract

- Understanding pay slips, pensions, tax
- Understanding contractual terms and conditions

5.12 Well-being and Peer Support

- Understand the importance of isolation faced by IMG doctors whilst working away from their family and social network in a different culture and environment.
- Every IMG doctor should be assigned a named middle grade doctor, who can provide them with holistic support. They could signpost to local IMG support network via site lead for IMG doctors and peer WhatsApp group.
- Work life balance: Make sure that IMG doctors are aware of opportunities for less than full time placements, keeping in mind visa restrictions for less than full time applications.
- Signpost IMGs to wellbeing resources, including psychological and pastoral support available both within the Trust and outside for NHS workers and trainees.

I SPECIALTY INDUCTION: OBSTETRICS AND GYNAECOLOGY

(Prepared by Farah Siddiqui, Elizabeth Russ, Laura Hipple and Raneer Thakar)

Induction for International Medical Graduates (IMGs) in O&G.

1 Aim

Moving to the UK to work is typically portrayed as challenging and stressful. O+G's dynamic working teams are unique to the UK and the workplace can be challenging to navigate. Induction can help incoming doctors understand the complexities and dynamics of the department, as well as welcoming International medical graduates (IMGs) to the UK and to the critical role they play within the services.



In addition, it remains a mandatory requirement for clinical governance that IMGs attend a formal induction programme to ensure that they can contribute to safe patient-centred care. Therefore, a record of attendance, opportunity for delegate feedback assessment and certificate of completion of induction should be maintained by the postgraduate team and College Tutor/specialty lead for education.

1.1 Who will induction apply to?

It is important that all doctors new to working in O+G within the UK receive a well-planned, responsive and effective induction.

The majority of IMGs are employed onto resident on call rotas on LE (locally employed) doctor contracts. It is good practice for all these doctors to be assigned an educational and clinical supervisor and given paid time within their contracts for personal/professional development (given as SPA time for those IMG employed onto SAS doctor or consultant contracts). For those IMGs being employed at more senior levels (e.g., onto Specialist Doctor or Consultant contracts) it may be more appropriate for them to be assigned a mentor than an educational supervisor.

Some Trusts have LED tutors or leads and all Trusts should have a SAS Tutor for those employed on SAS contracts. Their contact details should be provided.

IMGs should attend:

1. The IMG should be supported in attending the GMC 'Welcome to UK Practice' session at the earliest opportunity. In addition, they should be signposted to complete the "Introduction for International Doctors e-learning programme", which is a web resource designed specifically to help them get accustomed to NHS practice hosted at e-Lfh.org.uk.
2. Local Hospital/Trust induction– the logistical planning and programme schedule is the responsibility of the postgraduate educational team within the employing Trust and the clinical supervisor. The induction programme should be tailored specifically to the needs of IMG Doctors new to the UK NHS system.
3. Departmental Induction- Doctors should only commence clinical work in the post once induction has been completed and this is agreed by their Educational Supervisor. In these sessions a tour of the unit to familiarise themselves on the location of clinical areas combined with an introduction to the RCOG College Tutor, consultants, key midwifery staff, doctors and managers will help them understand their roles and responsibilities.

2 Integration with Trust induction

Departmental O&G Induction should take place at the earliest opportunity and ideally on the IMG's first day in post. It can be done face-to-face (or virtually, if face-to-face is not possible) led by a permanent doctor. The programme should be aligned and in continuum with the Trust induction.

The departmental Induction should be used to allocate educational supervisors, a buddying system and mentors, with the opportunity for the doctors to meet their supervisors or at least receive contact details so they can arrange meetings

Induction should include both written, online material, with links to key online resources, particularly those which give detailed learning material so that new doctors can follow up the induction topics with detailed learning in their own time.

2.1 Early access to information

The employing Trust should send all appointed doctors useful induction material with links to study online before they arrive at the UK, as the timeframe between arriving and settling in the country and starting clinical work may seem short with a long list of administrative tasks that are needed to complete.

IMG doctors should be encouraged to become an RCOG associate members at an early point as there is a wealth of information for O+G doctors working in the UK on the RCOG website. In addition, a handbook/ toolkit with key links on professional medical practice, common clinical conditions, and their management in O+G will be helpful.

2.2 Shadowing

IMGs in O&G should be assigned a supportive O&G doctor as peer-to-peer shadowing, this should be for a minimum of two weeks and cover all clinical areas that the IMG is needed to cover. This can be integrated into the 'buddying' and peer group support that all Trusts should implement for all their IMGs.

3 Topics to be covered at induction

This list is by no means exhaustive. The final programme is at the discretion of the postgraduate team and specialty lead within Trusts; the following topics are strongly recommended to ensure high standards of quality assurance:

3.1 Working in O&G/working in the NHS system/Obstetrics practice in the UK – is it different to where I come from?

For more experienced IMG doctors, although the ideal is for a period of shadowing, this may not always be possible, and they may need to start straight away on the rota, although this scenario should be avoided whenever possible. Access to a local 'survival toolkit' is important as well as robust supervision. The toolkit should consist of a briefing about what common scenarios they will be expected to cover and what they would be expected to do in each case. Working on the labour ward should be a strong focus.

The Trust should provide every new doctor with the contact details of all services, departments, and individuals they would be expected to contact as part of their work. This would include specific information about their specific on-call duties, and how to bleep someone.

3.2 Multidisciplinary working

Working in teams can improve the quality of care we deliver over working alone. According to studies, failing to work in a team results in poor experiences of care, a waste of resources, and severe patient harm. Multidisciplinary teams can enhance patient care pathways by bringing together important specialists with critical knowledge and skills to plan patients' care. Communication is important to ensure that all those involved in the patient's care are working towards a shared goal.

Diverse teams (teams with members from different cultural or societal backgrounds) have been found to contribute more learned experiences and knowledge to the team. Therefore, the IMG doctors bring a wealth of knowledge and skills to the NHS, and diversity within the NHS should be valued, respected, and celebrated. However, diverse teams only work well when they are inclusive; in inclusive teams, everyone has a voice that is heard and respected. The NHS Long-Term Plan is dedicated to cultivating and establishing cultures of compassion, inclusiveness, cooperation, and increased diversity throughout the organisation.

The team structure in The UK may be very different to many countries, there is a move away from a hierarchical leadership style to one that is more democratic and centred around providing the best care for the patient through collaborative working. Functioning collaborative teams, improve communications, are more efficient, effective improve working relationships and provide better experiences for the workforce.

3.3 Roles of Midwives

A midwife is a health professional trained to support and care for women during pregnancy, labour and birth. In the community the midwife is the lead health professional and contact for a woman, providing evidence-based information and helping her make informed choices about the options and services available throughout her pregnancy. In hospital, they work as independent practitioners both on midwifery led units and in obstetric led units. Often the Obstetric lead units have the higher risk patients, where doctors will review and provide obstetric support as required. Further information on the role of midwives can be found at the Royal college of Midwives website (<https://www.rcm.org.uk/>). On labour wards, the midwifery labour ward coordinator has overall responsibility for all patients on the unit, so communicating any decision plans or transfers to the coordinator is critical for the safety of all patients on the unit. The role of midwives has extended with some midwives take on specialist roles in maternal medicine or diabetes. In larger units, consultant midwives offer intrapartum care and public health intervention in the community.

3.4 Roles of Allied Professionals

In some Trusts the healthcare practitioners such as advanced nursing practitioners or physician assistants take on the roles of doctors such as assisting in theatre, clerking patients, working in gynae assessments units and A+E.

It will be useful to clarify these roles to deepen understanding of how these roles assist team working.

3.5 Review of Practice

The IMG doctors have varying experience, expertise, and skills that they have gained overseas. However, until they are familiar to working in the UK they should be encouraged to discuss cases and have a formal assessment of their practice to ensure it is in line with current UK guidelines. Collating evidence on the RCOG eportfolio may be useful for future reference. The use of Osats, CBD, reflections and miniCexs should be encouraged to formalise feedback and document that they are competent performing various procedures.

3.6 Seeking Assistance

New IMGs in O&G will need to know when to call for help (particularly pertinent in labour ward). Doctors should be reassured that they are expected to ask for senior advice and seek a second opinion when they are unsure or when looking after patients with complex medical needs. The Trust will have an escalation policy when consultants are expected to attend in emergencies, doctors should become familiar with these criteria and clarify any concerns with a colleague or supervisory consultant.

The NHS encourages doctors to work collaboratively in multidisciplinary teams alongside, midwives, anaesthetists and paediatricians and asking for advice should be encouraged. Similarly, when the IMG doctor is approached for help or advice, if they do not know the

answer, they should be encouraged to look at Trust guidelines and protocols or seek a senior opinion.

3.7 Support and wellbeing

It is critical for IMG doctors to take care of their own mental and physical health while caring for others. Working in a new country typically entails acclimating to the host culture; research shows that IMG receive less professional support, have lower well-being, and have more mental ill health, all of which can lead to depression and adjustment concerns.

As a result, it may be important to ensure that the doctor feels valued, has a support system of other doctors with similar backgrounds and interests, time away from work, regular breaks at work, and clear training and educational goals. It could be beneficial to signpost IMG doctors early on to the RCOG's well-being hub (<https://www.rcog.org.uk/careers-and-training/starting-your-og-career/workforce/supporting-our-doctors/wellbeing-resources-hub/>). Those IMG on SAS contracts also have access to regional College workforce behaviour champions and many Trusts now have SAS advocate posts to support the wellbeing of their local SAS workforce.

There will be times particularly whilst working in Obstetrics when there will inevitably be a poor patient outcome. For the patient, family, and those involved in the patient's care, this can be a devastating event. It is critical to learn any lessons in a supportive and constructive manner as part of the concept of enhancing the quality and safety of care for future patients. The doctor should be encouraged to seek assistance from their educational supervisor or supervisory consultant, when they can talk through and reflect on the events, ensuring that important lessons are learnt. In addition to the learning the importance of documentation, their duty of candour and need to debrief as appropriate should be discussed. The doctor might be requested to complete a recollection of events account, which they should discuss with their educational supervisor.

They may be interviewed by Healthcare Safety Investigation Branch (HSIB) which is a national body that performs independent investigations to improve patient care. (<https://www.hsib.org.uk/investigations-and-reports/support-for-staff-following-patient-safety-incidents/national-learning-report-support-for-staff-following-patient-safety-incidents/>) Although a HSIB interview can be extremely daunting, their role is not to apportion blame but to understand the factors that may have influenced the quality of care the patient received.

In obstetrics and gynaecology as doctors are working frontline in often challenging and pressured conditions, serious events can occur or patients unhappy about their care are encouraged to raise concerns. It is important that any doctor working within the NHS has Medicolegal protection; these bodies can offer advice if the doctor had had any concerns about an untoward event needs advice on writing a statement or complaint. There are some instances where a doctor's work is not covered by the Trust in which they work, therefore having personal liability cover is essential. The defence unions also provide valuable support for doctors in difficulties or who feel that they have been victimised through the process. Trade union membership may also be useful in understanding contracts, escalating workplace concerns and providing pastoral support for doctors in difficulty.

3.8 Maps, Rota rules: Rolling Rota, Weekly Rota, Start and Finish times, Safe Working hours for Doctors Exception reporting, Sick Leave, annual leave and Study leave.

It is vital to ensure that IMGs are provided orientation and information in the form of maps and guided tours explaining location of wards, clinics, A and E, Doctors rest room, canteen, resting area, refreshment resources and toilets.

Rota co-ordinators should meet IMGs as a part of the local induction. It is important to ensure that IMGs gain understanding of the rolling rota, the weekly rota, the process to apply for annual and study leave. They need to be aware of start and finish times of clinical duties in theatres, on-calls, clinics.

They should be told about their annual leave entitlement, including working bank holidays and how to book annual leave. In addition, they should be told about study leave entitlement, what is covered and how they book their study leave.

IMGs need to be included in mailing lists for local and regional teaching programmes as well as governance, audit and morbidity and risk meetings both in Obstetrics and gynaecology.

Awareness of exception reporting and introduction to the local Guardian of Safeworking is an important aspect of local induction for LED on “trainee-like” contracts.

IMGs should be made aware of the process for sick leave, the need to register with a GP as well as the role of Occupational health.

Payslips can be difficult to understand. The following may be helpful to help navigate the payslip, and the Trust HR can help the doctor to ensure they are on the correct pay scale and Tax code.

<https://www.nhsprofessionals.nhs.uk/-/media/corporate/help-and-advice/nhsp-my-bank-mobile-user-guide.ashx?la=en>

3.9 Using NHS electronic patient records

New IMGs will need immediate access to the electronic patient care records, including a briefing on how to log in and navigate around the system. Before they begin work, they will also need a briefing on confidentiality and General Data Protection Regulation (GDPR).

All new IMGs should receive brief follow-up training a week later to ensure they have enough familiarity to use it correctly. They may need further briefing at this time on standards for writing up notes, including the requirements for legible, signed, dated entries. The GMC require all practising UK doctors to ‘record their work clearly, accurately and legibly’ and therefore all new IMGs need to receive induction covering this before they begin work.

3.10 Settings and services

IMGs will benefit from basic grounding in how NHS services are structured including primary care referrals, community health services e.g., home visits, urgent care pathways and a basic outline of the sub-specialties and how they interface in O&G.

3.11 Equipment

Many new IMGs may have qualified in countries where equipment is different to that in the UK, and it will be an essential requirement for Trusts to ensure they are properly briefed to the initial standard required for them to be able to practise safely within the scope of the work they will initially be expected to do.

New IMGs in O&G also require an introduction and a brief instructional tour of operating theatres to be conducted by a senior colleague, before starting work. They also need to be introduced to the Anaesthetic team and be briefed on obstetric anaesthesia and management of the ill pregnant woman.

3.12 Medicines and prescribing

New international medical graduates must be given written (and preferably also verbal) information about NHS and the Trust’s prescribing policy, prior to starting work. Induction should cover the basics of medication, prescribing and policies. The importance of safe prescribing and triggers for Incident Reporting in the context of prescription errors should be reiterated. A list of commonly used medications and dosages should be provided as a useful resource. This should include controlled drugs.

3.13 Legal issues and communication

The Trust mandatory training includes issues such as including legal consent, Mental Health Act, sensitive disposal and consent for post-mortem. The doctor should be encouraged to seek support until they are familiar with these processes.

IMGs should be recommended to register with a medical defence organisation or other professional indemnity or insurance provider so that they obtain professional liability insurance before commencing work. They should be made aware to work within the scope of their practice and not undertake locum work outside the organisation without first obtaining approval from their responsible officer, line manager, it is also important that they are familiar with any Home Office Visa regulations, such as taking unpaid leave.

3.14 Documentation, Consent, Communication and handover

It is important that IMGs are given a period of acclimatisation and shadowing to help them understand minimum standards of record keeping and contemporaneous documentation both in clinics and ward settings.

IMGs should gain clear understanding of verbal and written consent and the policy of chaperones for intimate examination. They should observe consent for surgical procedures and operative interventions and be directly supervised until they gain confidence to complete the consent process independently.

They need to be aware of developing skills in written and verbal communication, use of SBAR tool, prioritisation and completion of clinical tasks and systematic handover.

3.15 Communication with patients and Information Governance

As a matter of priority, all new IMGs need an immediate briefing on patient-related matters of high relevance to O&G practice, such as DNR policies, confidentiality of information, and breaking bad news. They should be closely supported and supervised to work within the limits of competence and confidence within their roles and responsibilities.

It is important that new IMGs understand the legal requirement for Information Governance and do not disclose patient identifiable information in any form which will breach of Information Governance policy.

In addition, the role of risk management and risk reporting tools may be a new concept to most doctors new to the NHS, and that the value of risk reporting and having a blame free learning environment is key to improving patient safety. Local guidelines, protocols, and regulations should be made available to doctors. They must be aware of DATIX/Incident reporting triggers within the speciality and department.

3.16 Cultural Diversity, Inclusive language and colloquialism.

Understanding cultural diversity within the local population is important for IMGs, particularly in the O&G setting in the context of sensitive religious and ethical issues e.g., abortion care, sexually transmitted disease (STD), contraceptive care and to understand the diversity of relationships they will encounter e.g., same sex couples, transgender, single parents etc.

Induction may need to outline the importance of the health needs of different ethnic groups, and how racism and social divisions interact with maternity care and outcomes. Inclusive language that avoids biases, stereotypes, slang or expressions that discriminate against groups of people based on race, gender or socioeconomic status is important both from a professional and legal standpoint, as is explaining the 7 protected characteristics and signposting doctors to resources that advise on inclusive terminology (<https://www.lgbtqihealtheducation.org/wp-content/uploads/2017/08/Forms-and-Policy-Brief.pdf>) can be helpful.

The more general Trust induction for all IMGs should cover language, colloquialisms, and local dialects, but the O&G induction should also include briefing about specialty specific terminology.

3.17 Professional Boundaries

The GMC has produced a useful guide on professional boundaries that all doctors working in the NHS need to be aware of. In essence, trust is the foundation of the doctor-patient partnership. Patients should be able to trust that their doctor will behave professionally towards them during consultations this is particularly important to consider when caring for vulnerable patients. Using chaperones (for example a midwife, nurse or support worker) can help ensure that the patient felt supported during a consultation or examination and that the professional boundaries were not breached.

With regard to social media the GMC states:

“You must consider the potential risks involved in using social media and the impact that inappropriate use could have on your patients’ trust in you and society’s trust in the medical profession. Social media can blur the boundaries between a doctor’s personal and professional lives and may change the nature of the relationship between a doctor and a patient. You must follow our guidance on the use of social media.” https://www.gmc-uk.org/-/media/documents/maintaining-a-professional-boundary-between-you-and-your-patient_pdf-58833579.pdf

3.18 Workplace Behaviour Local and Regional Champions

IMGs should be signposted to the local escalation policy for workplace behaviour and local contact to discuss any issues related to workplace behaviour, undermining and bullying. They need to be aware of zero tolerance for workplace behaviour issues. The RCOG toolkit of workplace behaviours has some helpful resources as well as contact details for the regional champions (<https://www.rcog.org.uk/careers-and-training/starting-your-og-career/workforce/improving-workplace-behaviours/workplace-behaviour-toolkit/>).

3.19 Dress code, compliance with local policy for PPE and Covid guidance.

IMGs should be aware of professional expectations- appropriate dress code, policies such as bare below elbows, local infection control, PPE guidance, covid mask fit testing and PPE guidance.

They should be aware of the need to inform their line managers about their covid vaccination status and occupational health referral whenever recommended.

3.20 Clinical Supervision and career goals

Doctors opt to work in the UK for a variety of reasons; some have prior expertise in O+G, while others are new to the field and have only had exposure to the discipline during medical school.

Forming a long-term career plan is sometimes a smart place to start when choosing a profession. Is the IMG doctor’s goal to get work experience in the UK, pass professional examinations or complete a fellowship, and then use that experience to work in another country, or do they want to work long-term in the UK?

If they want to live and work in the UK, they should decide whether they want to become a recognised UK obstetrics and gynaecology consultant or SAS Doctor, or work in the UK for a long time without becoming a consultant as a SAS doctor. Both these options have well-defined career pathways with the option of developing specialist skills or credentialling, <https://www.rcog.org.uk/careers-and-training/training/resources-and-support-for-trainees/sas-and-le-doctors/>.

The RCOG website includes a variety of tools for doctors new to O+G or the UK, including guidelines, toolkits, and career advisory information, as well as guidelines on which most hospitals base their own protocols. Stratog provides a learning platform with educational videos, which can be used to support learning and collect continuing professional development points for their appraisal.

It will be beneficial to have RCOG membership; if the IMG doctor has not passed their MRCOG exam, the RCOG offers associate membership; additional possibilities include full membership and trainee membership (<https://www.rcog.org.uk/membership/>).

On starting in the UK, IMGs should be assigned an educational supervisor (ES), these are permanent senior doctors, usually consultants or specialist/speciality (SAS) doctors, who will offer the IMG support and mentoring for their placement. The IMG Doctor should meet with their educational supervisor within two weeks of starting their post. If they are unsure who their educational supervisor is, the junior doctor administrator or college tutor can ensure they are allocated to an ES appropriately. College tutors are employed by the Trust to ensure that all doctors who are not consultants are supported educationally and to provide service work.

Review meetings should then be held at four weeks and eight weeks, to monitor the settling-in process. The supervisor or mentor should invite the IMG to make regular contact on an informal basis for any urgent advice.

3.21 Trust mandatory training, Annual Appraisal and Revalidation.

IMGs need to be made aware of the process to complete Trust mandatory training with protected time to enable completion of mandatory training. In addition, the RCOG website has useful information for the appraisal, what information is required and how it can be presented (<https://www.rcog.org.uk/careers-and-training/cpd-revalidation/appraisal/>). The educational supervisor can help support this role.

It is important for the doctors to be aware of their Responsible Officer (RO) and the GMC requirements for annual appraisal and revalidation including in their scope of work.

Useful resources

- 1) <https://www.gmc-uk.org/about/how-we-work/corporate-strategy-plans-and-impact/supporting-a-profession-under-pressure/induction-and-support-for-doctors-returning-to-work/whats-the-aim-of-this-work>
- 2) <https://madeinheene.hee.nhs.uk/Portals/0/Junior%20Doctor%20Induction%20Toolkit.pdf>
- 3) https://www.aomrc.org.uk/wp-content/uploads/2021/11/251121_SAS_A_viable_career_choice.pdf
- 4) https://www.aomrc.org.uk/wp-content/uploads/2022/04/SAS_workforce_and_mentorship_110422.pdf



J SPECIALTY INDUCTION: SURGERY

(Prepared by Rosemary Emodi, Head of Global Affairs at the Royal College of Surgeons of England, with guidance from Mr Lasanthe Wijesinghe, Consultant Vascular Surgeon at University Hospitals Dorset NHS Foundation Trust and Miss Vinita Shekar, SAS Surgeon in Oral & Maxillofacial Surgery at Ninewells Hospital, Dundee. Mr Wijesinghe is the RCS England Council Lead for the International Surgical Training Programme (ISTP). Mrs Shekar is SAS Lead for RCS England and Co-Chairs the SAS Committee at RCS England)

Induction for International Medical Graduates (IMGs) in UK Surgery.



1 Aim

The aims of induction for IMGs in surgery are to:

- Provide them with a basic understanding of the main issues pertinent to their relevant specialty in order to begin working competently and confidently.
- Ensure that adequate support is given to develop their professional values, knowledge, skills and behaviours to work in the NHS.

1.1 Who will induction apply to?

Trusts must ensure that all new international medical graduates in the surgical specialties undergo a thorough induction to support the delivery of safe surgical care and practice with their hospitals. IMGs who take up clinical fellowships or specialty posts via the Royal College of Surgeons of England (RCS England) International Surgical Training Programme (which operates under the Medical Training Initiative (MTI) Scheme) are all required to undergo a recommended period of induction and have in place a training and practice support framework, which ensures that they receive ongoing mentoring and supervision as an integral part of the programme. This is in line with RCS England's quality assurance and placement approval processes, as well as agreed national standards.¹⁹ SAS²⁰ and LE doctors fall outside of this category and are therefore most likely to miss out on having an effective period of induction.

2 Integration with Trust induction

The induction is likely to be brief but will need to take place at the earliest opportunity. This can be done face-to-face by a member of the medical staffing/HR team and a consultant surgeon on the IMG's first day in their new job. The Trust will need to ensure this is integrated with the general Trust induction and followed up during the few weeks of supervision and mentoring that all IMGs should receive as basic good practice. An effective and holistic induction will mitigate the risks posed to patient safety, whilst supporting the delivery of the best surgical care.

2.1 Prior to Arrival

Where possible, the induction process should commence before the IMG starts in post, with access to written or online materials, with links to key online resources, particularly those which provide detailed learning material so that the IMG can follow up the induction topics with detailed learning in their own time. Pre-reading induction materials should be sent to the IMG at least one month prior to arrival. As a minimum, materials should include:

- The contact details of a named person within the department who the IMG can contact if they have any queries. This could be the clinical supervisor or an administrative assistant.

¹⁹ [National Standards for the administration and delivery of Medical Training Initiative \(MTI\) placements in the United Kingdom](#), February 2018, Academy of Medical Royal Colleges (AoMRC) and Health Education England (HEE)

²⁰ Note: SAS doctors include staff grade, associate specialist, specialty and Specialist Doctors.

- Outline programme of activity for day one.
- Information about the Trust, hospital and department, including organograms etc.

2.2 On Arrival

All IMGs should receive the following, prior to starting work:

- Corporate induction: providing an introduction to the Trust's values and structures as well as training in personal health, safety and wellbeing.
- Mandatory shadowing for 3 weeks in various areas of department, operating theatre and wards. They should also shadow members of the wider surgical care team.
- A departmental tour with introductions to all members of staff including staff nurses, co-ordinators, health care assistants, administrative staff and porters.
- The Department Handbook, with departmental guidelines and details of the roles, expected duties and responsibilities of members of the surgical teams, plus information about access to local amenities, public transport, and leisure activities.

All IMGs should receive a departmental (local) induction, to include briefings on:

- Guidance on taking study leave, annual leave, aspirational courses, plus brief introductions on applying for training and career development in the relevant surgical specialty.
- An introduction with study leave co-ordinator for the trust and guidance on use of study leave budget
- Guidance on mandatory/statutory training required by the trust and local department including use of intranet for access to trust-wide policies and procedures relating to the IMG's role in the department, their area of work and responsibility.
- Child and adult safeguarding
- Guidance and signposting for mandatory BLS/ILS/ALS/ATLS as required by relevant specialty.
- Inter-hospital and intra-hospital referral pathways
- (Briefly) an introduction to information and clinical governance
- An introduction with SAS representative on LNC, SAS Tutor and SAS Advocate for the trust and guidance on use of SAS development funds for professional development.
- Guidance on job planning, appraisal and revalidation.
- Roles and responsibilities, understanding one's limitations, and the importance of asking for help.
- Communication, politeness and courtesy
- Duty of Candour, and how to break bad news
- Signposting to relevant Royal College resources including access to SAS forum/Committee members

2.3 Clinical Supervision and Peer Support

Every IMG should be allocated to a clinical supervisor/mentor at consultant level or senior SAS level, with whom an initial meeting should take place within two weeks. Review meetings should then be held at four weeks and eight weeks, to monitor the settling-in process. The supervisor or mentor should invite the IMG to make regular contact on an informal basis for any urgent advice.

IMGs in surgery should also be assigned a named experienced IMG surgeon who can provide holistic support and guidance. This can be integrated into the 'buddying' and peer group support that all Trusts should have in place for all their IMGs.

3 Topics to be covered at induction

3.1 Working in Surgery

IMGs need to have a 'survival toolkit', consisting of briefings about common scenarios that occur in the department or surgical specialty and what they would be expected to do in each case. *They should be given brief written information about the scope of surgery and the role of the wider surgical care team in the NHS, particularly because this may differ in some countries. IMGs therefore need to understand these differences and how this relates to what they can and cannot do in the NHS.*

3.2 Asking for help

New IMGs in surgery will need to know when to call for help, especially if they come from a country where it is implicitly not acceptable to call a senior for help with a case. The induction for IMGs must make it clear that they will not be stigmatised if they request help. It will be important to emphasise that surgery in the UK tries to minimise 'blame culture' and that surgeons, trainees, SAS and LE doctors are expected to ask for assistance if they are out of their depth. They also need to learn that it can be OK to ask a non-medical colleague with more experience.

3.3 Multidisciplinary working and the surgical care team

An important part of induction for IMGs involves learning that multi-disciplinary working is the norm in the UK, and they will need to be introduced to the different disciplines involved. IMGs from some countries may also need to learn about the important role and contribution of non-medical practitioners who carry out a number of duties that were traditionally undertaken by medical staff. These roles within the wider surgical care team are critical to the delivery of high quality surgical services. RCS England has produced guidance²¹ on surgical care teams to support Trusts, hospitals, surgeons and other healthcare professionals to better understand these extended roles and to develop models of care that utilise the surgical care team in a consistent manner.

The Trust should provide every new IMG with the contact details of all services, departments and individuals they would be expected to need to contact as part of their work. This would include specific information about their specific on-call duties, and how to bleep someone.

3.4 Professional standards

New IMGs beginning in surgery will need information about issues such as professional behaviour, conduct and boundaries when working with patients and colleagues. RCS England has produced a range of good practice guides, which cover the following:

- **Ethical and legal concerns**
 - Duty of candour
 - Consent: supported decision-making
 - Good surgical practice
 - End of life care
 - Caring for patients who refuse blood
- **Team working and leadership**
 - Surgical care teams
 - The high performing surgical team
 - Managing disruptive behaviours in surgery
- **Professional development**
 - Mentoring
 - Using data to support change in clinical practice
 - The surgeon as an expert witness
- **Service improvement**
 - Morbidity and mortality meetings
 - Outpatient clinics
 - Quality improvement in surgery

3.5 Medical protection

Trusts should ensure that new IMGs understand the importance of registering with a Medical Defence Organisation immediately so that they obtain indemnity or insurance and professional protection before starting work, and thus they need to be informed about this via induction.

²¹ <https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/service-standards/surgical-care-team-guidance/>

3.6 Language, culture and community

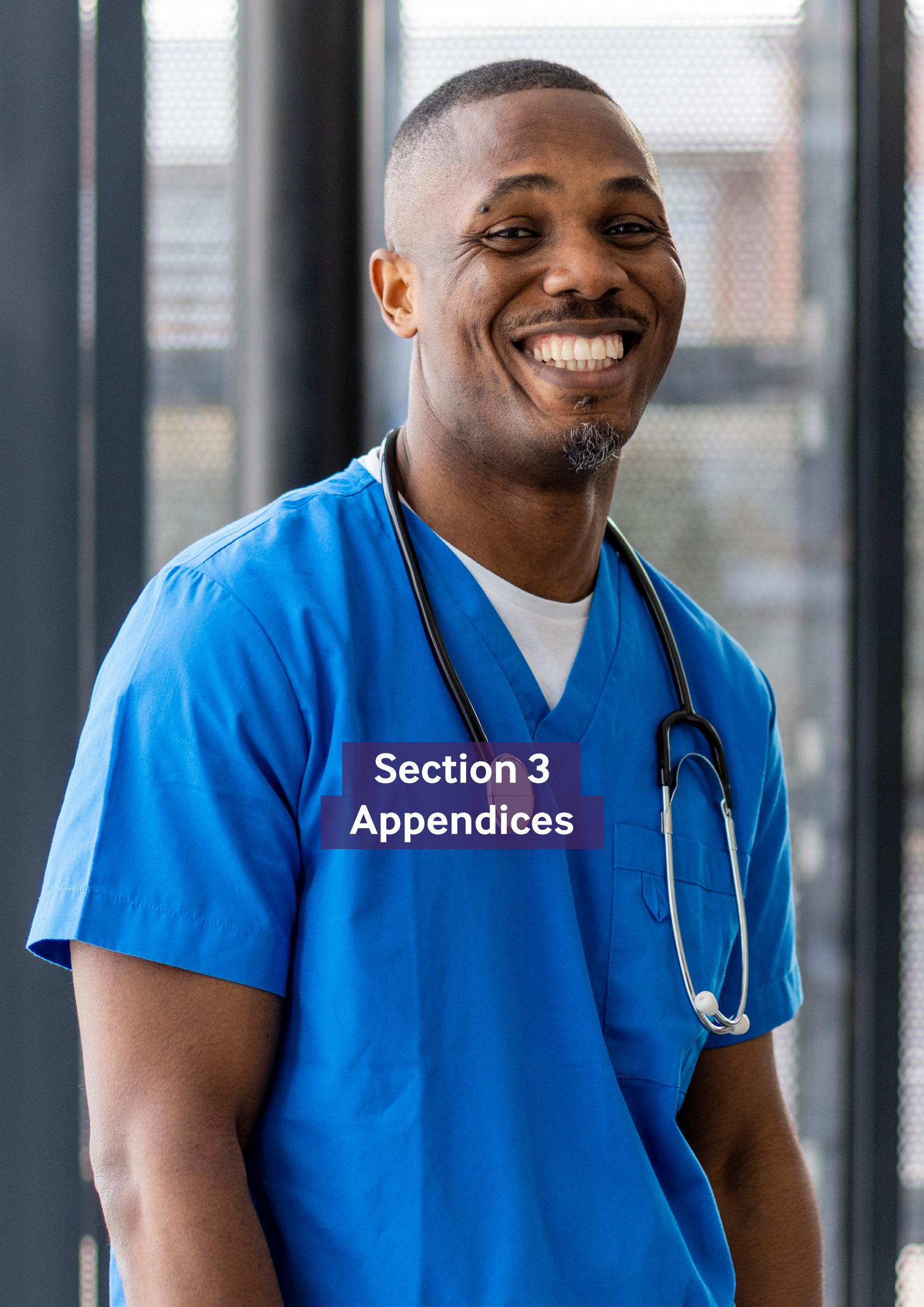
IMGs in surgery may find themselves facing multiple challenges that will invariably have an impact on their work and life balance. Many will need sufficient space and time to settle into a new country, society, community and work environment.

- Language is important. The more general Trust induction for all IMGs should cover language, colloquialisms, and local dialects, but the surgical specialty induction should also include briefing about how people in the UK. Communication with patients should also be covered during the induction.
- Positive steps should be taken to signpost IMGs to relevant diaspora professional associations that exist and which may provide IMGs with combined professional, cultural and community support.

4 Collaborating with the Royal College of Surgeons of England

RCS England is committed to working with Trusts to develop comprehensive and supportive induction programmes for IMGs. This includes providing IMGs with a professional home and making available resources and services which complement and add value to that provided by Trusts. Sharing best practice and 'what works' will be an important element of these collaborations.



A portrait of a smiling Black male healthcare professional, likely a nurse or doctor, wearing blue scrubs and a stethoscope. He is standing in front of a window with a grid pattern. The image is used as a background for a section header.

Section 3

Appendices

APPENDIX 1

'Gap-Analysis' on Trust provisions to implement 'Welcoming and Valuing IMGs: A guide to induction for IMGs recruited to the NHS' prepared by Dr Sujesh Bansal, Associate Director of Medical Education, Manchester University NHS Foundation Trust

This 'gap analysis' document is to support the implementation of 'Welcoming and Valuing IMGs: A guide to induction for IMGs recruited to the NHS' in NHS organisations who employ IMGs. The Human Resources, Postgraduate Medical Education Department and Specialties of employing organisation can use this document to do the gap analysis of their 'current' provisions for new IMGs vs the guidance document and develop a strategy and action plan on how they will bridge the gap.

Organisation			
Site Lead			
Email Contact			
Welcome and Pastoral Induction	Currently Done/Not Done	Action Plan	
Medical Workforce and Human Resources teams are trained in managing IMG recruitment and induction with skill and sensitivity			
Considered having a Trust IMG Lead and IMG Office to coordinate the welcome, induction, supervision, and support of IMGs			
Robust recruitment is practised ensuring right person is recruited to Robust recruitment is practised ensuring right person is recruited to Robust recruitment is practiced ensuring right person is recruited to the right post with right skill-mix; with formative development plans identified at the appointment stage for the successful IMGs appointees			
Trust has IMG peer buddy network and Introduces IMGs to peer buddy and a group of other IMG support network			
Provides IMGs with all necessary information about the Trust and their department on recruitment			
A nominated person meet and greet all new overseas doctors at the place they arrive and take them to their accommodation			
Organise accommodation for IMGs for at least 1 st week			
Explain the practical support the Trust has arranged for IMGs, including housing, banking, salary arrangements, personal IT and phone contract support, how to obtain transport, and ensure they are helped to get utilities.			

Provide IMGs with all the necessary documents such as address and salary details to open UK bank account and support IMGs in opening bank account		
Provide list of local supermarkets, plus a list of local shops providing a range of traditional groceries		
Brief IMGs about the need to register with a GP and provide useful practical information on how to do this, including contact details for local GPs and how to access healthcare in the UK		
Explain the requirement of registering for council tax and give practical information to enable IMGs to do this		
Provide comprehensive and useful information about IMGs immigration status (and that for family members where appropriate) and BRP		
Provide information to IMGs about how to facilitate visits by overseas family members		
Provide information about local religious resources, education, a guide to the local area and places of interest, and information about local green spaces		
Give links to the relevant GMC department for GMC registration		
Routinely obtain feedback from IMGs about the induction, within six months, and use that feedback to improve what is provided		
Induction on Professional Medical Practice in the UK		
Ensure that all new IMGs are assigned supervisor and mentors in the department		
ES/IMG meeting checklist is used in the first meeting to cover all relevant professional themes new to IMGs		
IMGs are informed about online resources specific for international doctors (hosted on e-Lfh.org.uk)		
Prioritise LEDs, SAS doctors and those not on formal training programmes to receive professional practice induction		
Ensure that new overseas doctors attend a GMC 'Welcome to UK Practice' session at the earliest opportunity, ideally before starting their clinical duties at the Trust		

Introduce the GMC's categories of guidance on ethical medical practice during induction, to cover core principles and provide relevant local signposting for each category Encourage use of GMC resources tps://www.gmc-uk.org/gmpinaction/		
Give all new overseas doctors links to the GMC material so that they can follow up their initial induction with further study in their own time. https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors		
There are bespoke sessions for IMGs in the Trust to train them in using appraisal platform or e-portfolio		
Induction on the use of electronic patient records and other NHS IT systems		
Make IMGs aware of the importance of using NHS IT systems properly and accurately, and the rules governing them, before starting their clinical duties at the Trust		
All new overseas doctors' training should include understanding how their effective use of NHS electronic patient record systems etc is vital to their meeting the professional standards of the GMC and relevant Royal Colleges. Links to those standards should be provided for them		
Induction on NHS electronic patient records and other relevant NHS IT systems		
Ensure IMGs are initially trained in how to use the systems, and given at least four days to shadow other doctors in their use		
Ensure that IMGs' mentoring and supervision includes follow-up about their understanding and use of the systems, with opportunity to ask questions and improve accuracy		
Give all new overseas doctors a sound understanding of – accurate clinical coding – how exactly to write an effective discharge summary – summary care records; this should include understanding the expectations on capturing consent conversations		

Speciality Guidance		
Shadowing Period with another junior doctor of same the speciality is provided to all new IMGs		
Exposure in clinical areas which an IMG might be called to during their clinical work is provided to all new IMGs		
Asking for Help – Lines of responsibilities are clearly discussed		
Speciality specific IT system and specific software induction provided		
Speciality specific medical equipment & devices training provided		
Stress the importance of Multidisciplinary working		
Difference and similarities in the patient population in UK as compared to overseas and how it impacts patient care discussed during supervision		
Prescription in the speciality		
Regular Educational Supervision		
Introduction to Speciality Key personnel (like Clinical Director, Managers, College Tutors, Rota-master, Admin Team, MDT)		
Informed about Speciality Rota, work schedule and leave policies of the department		
Introduced to Speciality ePortfolio		
Induction on Language and Communication Skills		
Ensure new IMGs have access to online National Induction programme for Language and Communication and recommended resources		
Provide IMGs with the opportunity to review their language and communication skills, and identify any learning needs with their Supervisors		
Support IMGs' autonomous, ongoing language development with follow up communication skills sessions and to signpost additional specialist resources as required		

APPENDIX 2

Guidance on Robust Recruitment of IMGs:

Advertisement:

- Ensure job description is detailed and appropriate for the vacant post and include training opportunities available to the doctors
- Personal specifications should be relevant to the vacancy and advertised job and should be a good discriminator of applicants during the short-listing process.

Interview:

- This should be conducted by a panel of interviewers including one non-medical person. Ideally all panel members should have up to date equality and diversity training
- The interview should Include questions in the domains of
 - Knowledge, Skills & Performance
 - Safety & Quality
 - Maintaining Trust
 - Communication, partnership & teamwork
- During the interview, the panel should identify specific areas of clinical practice in which a doctor needs further experience before they can undertake full on-call responsibilities of the role.
- The interview should result in generation of formative learning/development objectives for the candidate, which should become part of 1st Educational Supervision meeting
- After the interviews, there should be a process of sharing PDPs and specific areas of gaps in experience with Educational Supervisor and member of rota team.

Exit interviews:

- A structured process of exit interviews would be considered good practice and employers should review responses and use the feedback to improve the learning and working environment of IMGs

APPENDIX 3

Initial ES meeting Checklist for new IMG Doctors

This checklist aims to support IMG doctors who are either newly arrived in the UK or have been working in the UK for less than 12 months. This Checklist should be used by the Educational Supervisor (appointed by the employing Trust) at their first meeting with the IMG trainee/locally employed doctor. This checklist covers areas of specific needs of new IMGs, as per feedback from previous IMGs and experienced educational supervisors. It is expected that this checklist will act as a driver for new international doctors to engage in focussed discussions with their educational supervisors, to build professional development plans and to undertake additional training to address their learning needs.

It is the responsibility of IMG doctor upload this checklist on their ePortfolio/appraisal platform

Name of IMG/International Doctor	
UK Address	
Name of the base Hospital/Surgery	
Date of starting Job	
Planned date of finishing post /last date of visa (if applicable)	
Name of Educational Supervisor	
Name of IMG Lead or contact person in PGMED	
Name of Clinical Director	
Date of this meeting	
Does the trainee need advice re any practical issues (housing, bank etc)?	
Welcoming & Valuing IMG NHS Induction programme discussed including language & communication induction	
GMC's Welcome to UK Practice booked	
eLearning resources on eLfh.org.uk discussed	
Departmental Induction discussed / completed	
Trust's Mandatory Training Discussed / completed & access to learning hub	
Peer Buddy offered & allocated (Name)	
AoMRC's MTI Starter Form completed (if applicable)	
Membership of medical defence organisation	
IMG handbook provided	
Previous Experience	
Does the trainee have any concerns about their work?	
Shadowing & supernumerary period agreed followed by ES meeting	
Immediate supernumerary exposure required in which areas?	

Leave policy discussed (Study leave, special, annual etc) & how to book leaves	
Contract T&C discussed inc. probation	
Wellbeing Resources (EHW) discussed	
Discussed work schedule, rota, on calls & Exception reporting	
Royal College e-Portfolio, Work Based Placement Assessments & appraisal portfolio access discussed	
CPD courses required immediately (Resuscitation etc)	
Speciality examinations discussed	
Involvement in Quality Improvement Projects/ Audits/Research discussed	
MSF discussed (to be completed in first 3 months) and then 6-12 monthly	
Agreed discussing with ES re. any concerns/ SUI/HLI/complaints	
Annual Appraisal (ARCP like) meeting Provisional date agreed Name of Appraiser given	
Career Intention	
Summary of agreed 2-year learning Objectives on completion of this post	
Agreed PDP	
Any other Comments by ES and/or Trainee	

Trainee's Signature (upload document on ePortfolio)_____

Educational Supervisor's Signature_____ Date_____

Review ES Meeting Checklist for new IMG Doctors:

Review Meeting	Review date:
Settling in the UK: Welcoming & Valuing IMG NHS Induction guidance discussed Personal & Family settling ok? Social networks Professional networks Peer Buddy Support Any further support needed	
Wellbeing: How have you been over the past month/since our last meeting? Any reasons for how you have been feeling and would you like to discuss them?	
Progress: What has gone well? What has gone not so well? Are you staying up to date with your e-portfolio, WPBA, exam preparation? (Review of ePortfolio done)	
Objectives: How you are progressing against your objectives/PDP? Do they need amending? Should more support be made available? (Review of Learning Objectives from the last ES meeting)	
Recognition: Have you had any successes you would like to share? Have you recognised great work being carried out by a colleague?	
Feedback: Have you received any feedback from your colleagues or supervisors? Do you have any feedback about your colleagues/ placement/supervisors? Do you have any issues or concerns about your workload? Are you happy with your current placement? (Review of 360/MSF – date completed)	
Concerns: Any concerns raised regarding performance as a GMC registered doctor (<i>Needs to be escalated to IMG Lead, CD & Programme Lead</i>) Any other ongoing concerns (details) Any remediation action required/undertaken Support offered?	Yes (details)/No

Any other areas you would like to discuss?	
ARCP or annual appraisal – date	
PDP Agreed	Yes / No
Any other Comments by ES and/or Trainee	

Trainee's Signature (upload document on ePortfolio)_____

Educational Supervisor's Signature_____Date_____

APPENDIX 4

Example of a plan for implementing IMG induction: West Middlesex University Hospital

Welcome and Pastoral Induction

1. A talk covering practical support: housing, banking, salary arrangements, transport, registering with a GP, council tax, immigration status, registering with medical protection body – information on accommodation options and how to find etc
2. A talk from HR about salary dates, opening a bank account, branches local to the hospital, visa requirements
3. Written information (annotated map) on local amenities covering local shops, train station, nearby restaurants, religious buildings.
4. Peer support system amongst the IMGs involving the appointment of motivated local IMG champions. This would be in addition to mandated educational supervisor allocation for all IMGs, SAS and Locally Employed Doctors. Their responsibilities would include: a. Taking the new IMG out for coffee/dinner b. Advice about mobile phones, broadband, utilities, other c. Walk around hospital/orientation d. Optional meeting at the airport
5. Attendance at trust and departmental induction to cover trust values and specifics of working in the department they have joined
6. Feedback would be collected following induction as it is for all new doctors to the trust
7. ES mentoring for IMGs depending on their specific needs

Induction on professional medical practice in the UK

1. Attendance at “GMC Welcome to UK Practice” session to be made mandatory within a certain period of time after starting at the trust – perhaps within 4 weeks?
2. Mandatory completion of eLFH cultural competence package
3. All LEDs to be given educational supervisors. ESs to review completion of points 1 and 2
4. A talk covering the key areas of the GMC good medical practice with questions in the post induction feedback to demonstrate understanding of this Induction on the use of electronic patient records and other NHS IT systems for IMGs

Electronic Record Systems

1. Cerner training is part of normal trust induction – but training needs to be specifically modified for IMGs
2. Specific talk on importance of accurate documentation, clinical coding, discharge summaries
3. Training on the use of smart cards and summary care records – unsure who could do this
4. Ensure shadowing period of 4 days as outlined in the draft guidelines with a doctor from the department they are working in. This could be a UK trainee if necessary. Departments to allocate this on appointment of new IMG

APPENDIX 5

The NHS system and the organisations most relevant to medical practice in the UK

The configuration of the [National Health Service \(NHS\)](#) is subject to change, influenced by national priorities of the day. The following description is of the NHS in June 2022.

The NHS

The NHS is the umbrella term for the publicly funded healthcare systems of the United Kingdom. The founding principles of the NHS were that services should be comprehensive, universal, and free at the point of delivery – a health service based on clinical need, not the ability to pay. Each devolved nation in the UK has a separate autonomous healthcare systems under the department of health. These are [NHS England](#), [NHS Scotland](#), [NHS Wales](#) and [Health & Social Care](#) Northern Ireland.

Following the [Health and Social Care Act 2012](#), the structure of NHS England is as follows:

[The Department for Health and Social Care](#) is the government department responsible for funding and healthcare policy development on health and adult social care matters in England, along with a few areas which are not otherwise devolved to the Scottish Government, Welsh Government or Northern Ireland Executive.

[NHS England and NHS Improvement](#) is the umbrella body that oversees healthcare in England and is responsible for providing national direction on service improvement and transformation, governance and accountability, standards of best practice, and quality of data and information.

[Integrated care systems \(ICS\)](#) bring together NHS providers, commissioners, local authorities, and other partners to plan services based on the long-term needs of the local populations.

Integrated care partnerships (ICP) are alliances of providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and primary care. ICPs cover populations of 250–500,000 people.

Primary Care is delivered by general practitioners (GP) who work holistically, thinking of a patient as a whole person. Since July 2019, almost all GP practices in England have come together to form about 1,300 **Primary Care Networks (PCNs)**. These cover a population of 30,000-50,000 people and bring general practices together, along with local providers to provide a wide range of professional skills and community services.

Secondary Care is provided to patients by specialists and healthcare professionals to whom patients are often referred through a GP. It includes both emergency and non-emergency hospital contacts such as A&E, outpatient clinics, mental health and maternity care.

NHS Trusts and health boards are the providers of the care that the CCGs/ICCs commission. They include hospital, ambulance, mental health, social care, and primary care services.

General Medical Council (GMC)

The [GMC's](#) role is to protect patients and improve medical education and practice across the UK. As part of this role, they:

- decide which doctors are qualified to work in the UK
- oversee UK medical education and training
- set the standards doctors need to follow throughout their careers
- investigate and act on concerns about doctors.

To practise medicine in the UK you need to hold registration with the GMC and a licence to practise.

Trade Unions

In the UK, trade union membership allows you to have a say in improving your working conditions as well as supporting you should things go wrong at work. The unions are member-run and led, negotiating for the best terms and conditions as well as lobbying and campaigning on the issues impacting the medical profession.

The [British Medical Association](#) (BMA) is the largest trade union that represents, supports and negotiates on behalf of all doctors and medical students in the UK. Information about the BMA's services for IMG doctors is available on the [BMA website](#). The [Hospital Consultants and Specialists Association](#) (HCSA) is another trade union that represents hospital doctors.

Medical defence organisations

Trusts should ensure that IMGs understand the importance of registering with a medical defence organisation (MDO) and encourage registration before starting work.

The vast majority of doctors in the UK are a member of one of the three main MDOs: the [Medical Protection Society](#) (MPS), the [Medical Defence Union](#) (MDU) or the [Medical and Dental Defence Union of Scotland](#) (MDDUS).

Membership of the MDOs provides doctors with 24 hour a day, seven day a week access to medico-legal advice as well as the right to request advice and legal representation for General Medical Council referrals, disciplinary hearings, coroner's inquests and fatal accident inquiries, as well as protection for Good Samaritan acts.

The MDOs can also advise IMGs as to whether they need protection from clinical negligence claims. Like all doctors, IMGs are required by [Good Medical Practice](#) to assure themselves that they are adequately indemnified or insured in relation to clinical negligence claims. While claims in relation to most NHS activity are covered by one of the state-backed indemnity schemes, the majority of doctors who carry out any private work and other activity not covered by a state-backed indemnity scheme, protect themselves from such claims through their membership of one of the MDOs.

Medical royal colleges and faculties

The medical royal colleges and faculties are professional bodies responsible for the development of and training in one or more medical specialities.

They are generally charged with setting standards within their field and for supervising the training of doctors within that speciality. The responsibility for the application of these standards in the UK rests with the General Medical Council.

Most medical royal colleges are members of the Academy of Medical Royal Colleges and information about them is available on the Academy's website.

APPENDIX 6

Establishing an IMG Office/Locally Employed Doctors' Hub

To ensure that all International Medical Graduates (IMGs) across the United Kingdom have well-structured and consistent induction and support in the NHS, it is important that all Local Education Providers create a standardised system for the educational management of IMGs in their organisations. One option is to establish an IMG Office/LED Hub within the Postgraduate Medical Education Department (PGMED), a structure which has been successfully used in Manchester University NHS Foundation Trust, Manchester.

Manchester University NHS Foundation Trust has a LED Hub to ensure all IMGs have a good learning environment in the Trust. The LED Hub provides a strategic overview of the development and support for all IMGs at the Trust, with workstreams and resource to enable IMGs to progress in their chosen career. The LED Hub does this by ensuring enhanced induction of all IMGs, organising educational programmes useful for career progression of IMGs, identifying and assisting the IMGs who are facing difficulties and most importantly, championing the inclusion of IMGs in the Trust working and learning environment. The Hub is led by an Associate Director of Medical Education for IMGs and is assisted by two IMG Tutors, and an administrative and Human Resources team. The IMG Lead reports to the Director of Medical Education and works closely with the other PGMED senior educators, HR department, clinical leads, and the hospital management team to ensure the IMGs educational needs are met in an equitable and effective manner.

The LED Hub at Manchester also coordinates a network of Peer Buddies and IMG representatives in the Trust. An experienced IMG doctor acts as a Peer Buddy to a new IMG in the Trust. Peer Buddies help new IMGs to learn the basics, understand workplace culture, facilitate social rooting, and answer any questions that new IMGs might otherwise be too embarrassed to ask. A few IMGs are nominated to seek the opinion of their group and represent their needs and seek Trust actions on their behalf. They also encourage the integration and welfare of IMGs across the organisation and provide a 'bridge' between senior clinical leaders, managers, and the wider trainee workforce to improve communication, engagement, and morale.

In the spirit of sharing good practice, a network of IMG Leads was also formed in the Northwest region in 2018. It has helped all IMG Leads to share areas of good practice, learn from each other, and collaborate for educational programs. This is now hosted at HEENW and supported by the Associate Dean.

So, this example of IMG Leads and the regional network of IMG Leads was successful in bringing IMGs into the educational infrastructure of the Trust and the region along with ensuring that induction and support to IMGs is the norm across all departments.

APPENDIX 7

How Scotland is delivering induction for IMGs

The implementation of the induction programme needs to remain dynamic, and to be modified and reshaped as the needs of IMGs and the delivery of care change in the future. There is also much benefit and innovation which can come from shared learning among the 4 UK countries all of which recruit IMGs to help deliver healthcare to their populations. Dr Helen Freeman, Consultant Paediatrician Raigmore Hospital and Director of Medical Education NHS Highland highlights below, the key aspects of Scotland's IMG Induction programme which is entitled Softer Landing Safer Care.

Scotland Deanery has appointed an APGD (Associate Postgraduate Dean) for IMG support who has led a programme of work to develop a supported induction (Softer Landing, Safer Care).

Scotland Deanery delivers a central induction programme for International Medical Graduates (IMGs) who are new to working in the NHS, usually in February and August. Colleagues are invited to pre-induction webinars in July/January ahead of travel to the UK and to a central induction event at the start of rotations. The aim of this event is to provide IMGs with helpful information as they begin their career in the NHS and their life in the UK, as well as to provide an opportunity to meet trainees in similar situations and share peer wisdom. The induction day is interactive; participating in discussions and asking questions are strongly encouraged. Topics covered will include introductions to living in Scotland and working in the NHS, language and communication, culture, wellbeing, receiving feedback, ARCPs and e-portfolio and the [Scottish IMG Buddy Scheme \(SIBS\)](https://www.scotlanddeanery.nhs.scot/trainee-information/international-medical-graduates-imgs/scottish-img-buddy-scheme-sibs/). (weblink – <https://www.scotlanddeanery.nhs.scot/trainee-information/international-medical-graduates-imgs/scottish-img-buddy-scheme-sibs/>)

A framework for individualised assessment of needs has been developed by NES in collaboration with board DMEs, and a virtual trainer event is held ahead of changeover to support Educational supervisors in navigating the guidance. This "Softer landing Safer Care" framework promotes facilitation of a period of shadowing of up to 2 weeks according to individual need. Further resources are available for both trainers and trainees on the Scotland Deanery Website.(weblink – <https://www.scotlanddeanery.nhs.scot/trainee-information/international-medical-graduates-imgs/>)

The Deanery training programme management team facilitate advance notice to board DMEs of all IMG/CREST trainees joining their programmes to allow for early communication and planning of support.

Examples of good practice in boards include the development of simulation- based induction programmes with medical education teams. These have allowed IMG colleagues to meet and understand the role of the board medical education team, to explore core themes of language, systems, culture, educational structures and orientation to local board and community. The use of simulation scenarios enabled IMG colleagues from diverse specialties, grades and backgrounds to explore aspects of local processes, policies and care pathways in a safe environment. It created a safe space for discussion and learning, and allowed exploration of experience of all participants. The early personal connection with the medical education team was felt to be positive for all and created opportunities for further support and training during placements.

